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| **FOR OFFICIAL USE ONLY** |
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**ADMINISTRATION APPLICATION FORM**

Applications should be sent together with a covering letter to: Natalie Wright, BSO, 2 Seldown Lane

Poole, BH15 1UF or by email to [nwright@bsorchestra.co.uk](mailto:nwright@bsorchestra.co.uk)

*Data Protection: The information that you have given in this form will be held for recruitment purposes only and will not be disclosed outside the BSO without your permission.*

***Under United Kingdom Immigration Law BSO can only accept applications from candidates who are eligible to work in the UK. It is your responsibility to ensure that you have the correct documentation including a work permit if applicable.***

***ALL APPLICANTS ARE REQUIRED TO SEND A SCANNED COPY OF THEIR PASSPORT INCLUDING THE FRONT COVER WITH THIS APPLICATION FORM.***

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| **POSITION APPLIED FOR** | Communications Officer |

**CLOSING DATE FOR APPLICATIONS:** 10AM on Tuesday 3 September 2019

(Please note that applications received after the closing date will be considered at the Company’s discretion)

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| Surname |  | Title |  |
| Other names |  | | |

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| **PERSONAL DETAILS** | | | | | | | | |
| Home address | |  | | | | | | |
| Post code | |  | | Country |  | | | |
| Home telephone no | |  | | Mobile | | | | |
| Email |  | | Preferred contact: *Email / Post* | | Do you have a full/  clean driving licence: | | | *Yes / No* |
| Nationality: | | | Are you eligible to  work in the UK? *Yes / No* | | | National Insurance Number: |  | |
| If you are not an EU citizen, please  state why you are eligible | | |  | | | | | |
| Please note that confirmation of any job offer is subject to a work permit being obtained if necessary. | | | | | | | | |
| Have you ever been convicted of a criminal offence other than motoring  Offences and spent convictions?  (declaration subject to the Rehabilitation of Offenders Act 1974) *Yes / No* | | | | | | | | |
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| BSO is committed to equality and diversity. If you have a disability please tell us about any adjustments we may need to make to assist you at interview. |
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| **EMPLOYMENT HISTORY (PRESENT EMPLOYER)** | | | | | | | | | | |  |
| Employer | |  | | | Address: | | |  | | |
| Job Title |  | | | Date Employed | | | From: | | | To: |
| Notice Required | |  | Reason for leaving | | |  | | | Current Salary: £ | |
| Outline of duties | |  | | | | | | | | | |
| **Please note: Your present employer will not be approached before an offer of employment is made to you.** | | | | | | | | | | | |

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| **PREVIOUS EMPLOYMENT** (Starting with the most recent, give position and brief outline of duties. Continue on a separate sheet if necessary | | | |
| Employer/Address | Dates | Job Title | Brief outline of duties |
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| **QUALIFICATIONS & TRAINING** | | |
| Starting with the most recent please give details of your education/training i.e. school, college or organisation, qualifications or course name and grades obtained. Please continue on a separate sheet if necessary. | | |
| **Education Establishment** | **Subject/Course Name** | **Grades Obtained** |
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| **SKILLS & ACHIEVEMENTS** (Please tell us about any other skills/achievements which may be relevant to the position you are applying for). | | |
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| **REFEREES:** Please provide contact details for two referees, one of which should be your present employer | |
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| Please indicate whether you agree that we may contact your referees prior to interview: *YES / NO* | |

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| **ADDITIONAL INFORMATION** | |  |
| Please use this space to provide any additional information that is relevant to your application. | |
| How did you hear about this vacancy |  |

**Notes:**

1. If you are offered the position you will be required to complete a medical questionnaire.

2. Confirmation of offer of employment will be subject to a satisfactory DBS, Disclosure Barring Service) check.

3. To provide additional information, CVs (Curriculum Vitae) and a covering letter may also be included with your application form.

**I can confirm that to the best of my knowledge the above information is correct. I accept that deliberately providing false information could result in my dismissal.**

Signature: Date:

HR For