

AUDITION APPLICATION FORM

Applications should be emailed to: efisher@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.

BSO can only accept applications from candidates who are eligible to work in the UK at the time of application. It is your responsibility to ensure that you have the correct documentation, including a work permit if applicable.

APPLICANTS ARE REQUIRED TO SEND A SCANNED COPY OF THEIR WORK PERMIT OR PROOF OF SETTLED STATUS WITH THIS APPLICATION FORM.

POSITION APPLIED FOR	Principal Cello (sitting No.3)

CLOSING DATE FOR APPLICATIONS: Tuesday 13 July 2021

(Applications received after the closing date will be considered at the Company's discretion)

Surname	Title	
Other names		

PERSONAL DETAILS		
Full home address		
Postcode	Country	
Phone / mobile	Diary Service (if applicable)	
Email	National Insurance Number	
Nationality	Are you eligible to work in the UK?	Yes / No (provide visa, or proof of settled status if necessary)
Have you ever been convicted of a criminal offence, other than motoring offences & spent convictions? (declaration subject to the Rehabilitation of Offenders Act 1974)	Yes / No	

BSO is committed to equality & diversity in employment. If you have any accessibility requirements please tell us about the adjustments we need to make to assist you at audition.

AUDITION APPLICATION: Education and Experience (this section will be sent separately to the panel, hence a further request for your name and the position for which you are applying)

		-	
Name:	<u> </u>		
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Position applied for:	Princ	cipal Cello (sitting No.3) – fu	ıll time/contract
ORCHESTRAL EXPE	RIENC	E	
Please list details of your orchestral experience, stating position where applicable.			
Please start with the m	าost re	ecent, and include dates.	
Orchestra		Position (if applicable)	Dates

Orchestra	Position (if applicable)	Dates

MUSICAL EDUCATION AND TRAINING

Institution	Study/degree course	Dates	Qualification obtained

TEACHERS

Name	Dates

ADDITIONAL INFORMATION

Please use this space to provide any additional information that is relevant to your application e.g. details of solo/chamber music performances, master classes, competitions etc.

Mu BS BS BS BS Wo	w did you hear about this vacancy? Please tick all that apply. Isicalchairs O Website O Instagram O Twitter O Facebook O LinkedIn Ord of Mouth her (please specify)
De	claration:
1.	If you are offered the position you will be required to complete a medical questionnaire.
2.	On taking up your post you will be required to undergo a hearing check as part of the induction process.
3.	If you are offered the position you will be required to undergo a DBS (Disclosure & Barring Service) check.
4.	It is not necessary to provide a CV, with your application form, but you may include one if you wish.
	an confirm that to the best of my knowledge the above information is correct. ccept that deliberately providing false information could result in my dismissal.
Na Da	me: te:

Note: Please include a copy your visa or settle status documentation (if applicable) when you submit your application.
Without this information we are unable take your application further.