

FOR OFFICIAL USE ONLY

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

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.

	POSITION APPLIED F	OR						
CLOSING DATE FOR APPLICATIONS: (Please note that applications received after the closing date will be considered at the Company discretion)								
	Surname				Title			
	Other names							
							_	

PERSONAL DETAILS								
Home ad	ldress							
Post cod	e			Country				
Home telephone no				Mobile				
Email	Email		Preferred contact Email / Post		Do you have a ful Clean driving licer		Yes / No	
			u eligible to n the UK?	Yes/No	National Insurance Number:			
If you are not an EU citizen, please state why you are eligible								
Please n	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

	ed to equality and of type at the type at interview.	diversity. If you	have	a disability p	lease to	ell us a	about any adjus	tmen	ts we may need
EMPLOYMENT	HISTORY (PRES	ENT EMPLOYE	ER)						
Employer	,		•		Addre	ess:			
Job Title				Date Emplo	yed	Fr	rom:		То:
Notice Required			Re	ason for leav	ing			Ci	ırrent Salary: £
Outline of duties									
Please note: Y	our present emp	loyer will not b	e app	proached bef	ore an	offer	of employmen	t is r	nade to you.
PREVIOUS EMI separate sheet it	PLOYMENT (Star	ting with the mo	ost red	cent, give pos	sition a	nd brie	ef outline of dution	es. C	Continue on a
Employer/Addre	SS	Dates	Job	Title	Brief	outline	e of duties		

QUALIFICATIONS & TRAININ		
Starting with the most recent ple	ease give details of your education/training nd grades obtained. Please continue on a	g i.e. school, college or organisation,
Education Establishment	Subject/Course Name	Grades Obtained
Education Establishinent	oubject/ood/se Name	Grades Obtained
	Please tell us about any other skills/achieve	ements which may be relevant to the position
you are applying for).		
REFEREES: Please provide co	entact details for two referees, one of which	n should be your present employer
•		, , , ,
Please indicate whether you ag	gree that we may contact your referees pri	or to interview: YES NO
ADDITIONAL INFORMATION		
Please use this space to provid	e any additional information that is relevar	nt to your application
	,	
How did you hoor shout this wa	ooney.	
How did you hear about this vac	Сапсу	

	- 4	
N	Utes.	
14	ULES.	

- If you are offered the position you will be required to complete a medical questionnaire. 1.
- 2. Confirmation of offer of employment will be subject to a satisfactory DBS, Disclosure Barring Service) check.
- SO

3.	 To provide additional information, CVs (Curriculum Vitae) and a covering letter may be included with your application form. 					
	onfirm that to the best of my knowledo liberately providing false information	ge the above information is correct. I accept could result in my dismissal.				
Signatu	ıre:	Date:				