**Application Form** 

Confidential

# **Please return this completed form by email to info@wisbechmuseum.org,uk**

Or by post: Wisbech & Fenland Museum, Museum Square, Wisbech, Cambridgeshire, PE13 1ES

|  |  |  |  |
| --- | --- | --- | --- |
| **Role applied for:** |  | |  |
| **Personal Details** |  | |  |
| First Name | Surname | | Title |
| Address |  | |  |
| Postcode |  | |  |
| Contact  Telephone No. |  | Mobile |  |
| Email |  | |  |

|  |  |  |
| --- | --- | --- |
| **Education, qualifications and training**  Starting with the most recent, please give details of your education and training. (Certificates may be required if you are called for interview). | | |
| School/ College/ University/ Training Provider | From (month/ year) To (month/ year) | Qualification, Grade |
|  |  |  |
| Please give details of any professional body membership: | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employment History**  Please give details of all positions held since completing full-time education, starting with your most recent position. Please continue on a separate sheet if necessary.  separate sheet of paper if necessary. | | | | | |
| From  [month/year] | To  [month/ year] | Employer’s name and address | Position and key responsibilities | Salary and any financial benefits | Reason for leaving |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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| --- | --- |
| **Availability** | |
| How much notice are you required to give from your current position? |  |
| Please tick the days below to show when you would be available to work. | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you read or speak any other languages than English? | | | | | |
|  |  | ☐Yes |  |  |  |
|  | ☐No |
| Please give details if appropriate | | | | | |
| Please tell us why you would like to work at Wisbech & Fenland Museum.  Refer to the person specification and job description and tell us how you meet the criteria and experience you will bring to the role. (This section will expand as you type) | | | | | |

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| **References** | | | |
| Please give details of two referees, your current and most recent employer or if in full-time study, a lecturer or tutor. | | | |
| **First Referee** | | **Second Referee** | |
| Name |  | Name |  |
| Address |  | Address |  |
| Postcode |  | Postcode |  |
| How long have you known this person and in what capacity? | | How long have you known this person and in what capacity? | |
|  | |  | |
| Email |  | Email |  |
| Tel. |  | Tel. |  |

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| --- | --- | --- | --- |
| **Where did you hear about this opportunity?** | | | |
| ☐ Museum’s website / social media ☐ Direct enquiry to the museum  ☐ University of Leicester Museum Studies Jobs Desk  ☐ Word-of-mouth  ☐ Other (please state) …………………………………………………………………………………………………………………… | | | |
| **Criminal Convictions** | | | |
| Candidates are required to disclose details of all criminal convictions, cautions or bind-over orders that are not spent. The Rehabilitation of Offenders Act 1974 provides that certain convictions shall be regarded as “spent” after specified periods of time have elapsed. You do not need to disclose convictions that are “spent” at the date you sign the application form. | | | |
| Have you ever been convicted in a court of law of any criminal offense? | | | |
| ☐ Yes ☐ No  If Yes, please give further details of court, date of conviction, and sentence imposed. | | | |
| **Declaration** | | | |
| I declare that the information given in this application form is true and complete. I understand that if I have given any misleading information on this form or made any omissions, this will be sufficient grounds for terminating employment. | | | |
| Signature |  | Date |  |



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| --- | --- |
| **Equal Opportunities Monitoring Form** | |
| This section of the application is used solely for monitoring purposes. This information will be securely stored and processed as part of the Wisbech & Fenland Museum’s monitoring of equal opportunities. In completing this form, I give my consent for my details to be used for this purpose. | |
| I am (check as appropriate) | ☐ Male ☐ female |
| I belong to the following ethnic grouping (check as appropriate) | |
| White | Black or Black British |
| ☐ British | ☐ Caribbean |
| ☐ Irish | ☐ African |
| ☐ Other (please specify)  ………………………………………………………… | ☐ Other (please specify)  ………………………………………………………… |
| Asian or Asian British | Of Mixed Race |
| ☐ Indian | ☐ White & Black Caribbean |
| ☐ Pakistani | ☐ White & Black African |
| ☐ Bangladeshi | ☐ White & Asian |
| ☐ Chinese | ☐ Other (please specify)  ……………………………………………… |
| ☐ Other (please specify)  …………………………………………………… |  |
| ☐ Any other ethnic group (please specify)  …………………………………………………… | ☐ Rather not say |
| The Equality Act 2010 defines a disability as a physical or mental impairment which has a substantial and long term (i.e. more than 12 months) adverse effect on a person’s ability to do normal daily activities. You may still be considered to have a disability if you are not currently adversely affected but the impairment is likely to recur. | |
| Do you consider yourself to have a disability?  ☐ Yes ☐ No | |