

## Youth Music Theatre UK Application Form

### CONFIDENTIAL

#### NOTES FOR APPLICANTS:

1. Please complete ALL sections in black ink or type and return to [ninamcdonagh@ymtuk.org](mailto:ninamcdonagh@ymtuk.org)
2. Deadline for Applications – **10am Monday 20 March 2017**
3. Interviews will be arranged from **Wednesday 22 March 2017**

POSITION APPLIED FOR: Marketing Intern  
START DATE: As soon as possible in March 2017

#### PERSONAL DETAILS

Surname:

Forenames:

Home Address:

Postcode:

Telephone (home):

Telephone (work):

Mobile:

E-mail Address:

Date of Birth:

May we contact you at work/college, with discretion?                      YES                      NO

Do you have any special requirements with which we can help you, in order to make application process easier for you?

**EDUCATION AND TRAINING HISTORY**

Please continue on a separate sheet if necessary

**SECONDARY EDUCATION QUALIFICATIONS**

Name of School/Establishment:.....

Subject	Grade	Date

**FURTHER/HIGHER EDUCATION DEGREES AND DIPLOMAS**

University/College	Qualification / Course	Date

**PROFESSIONAL QUALIFICATIONS** and any other relevant studies or training you have completed or are currently undertaking.

Place of Study	Course & Qualification	Date

**EMPLOYMENT RECORD**

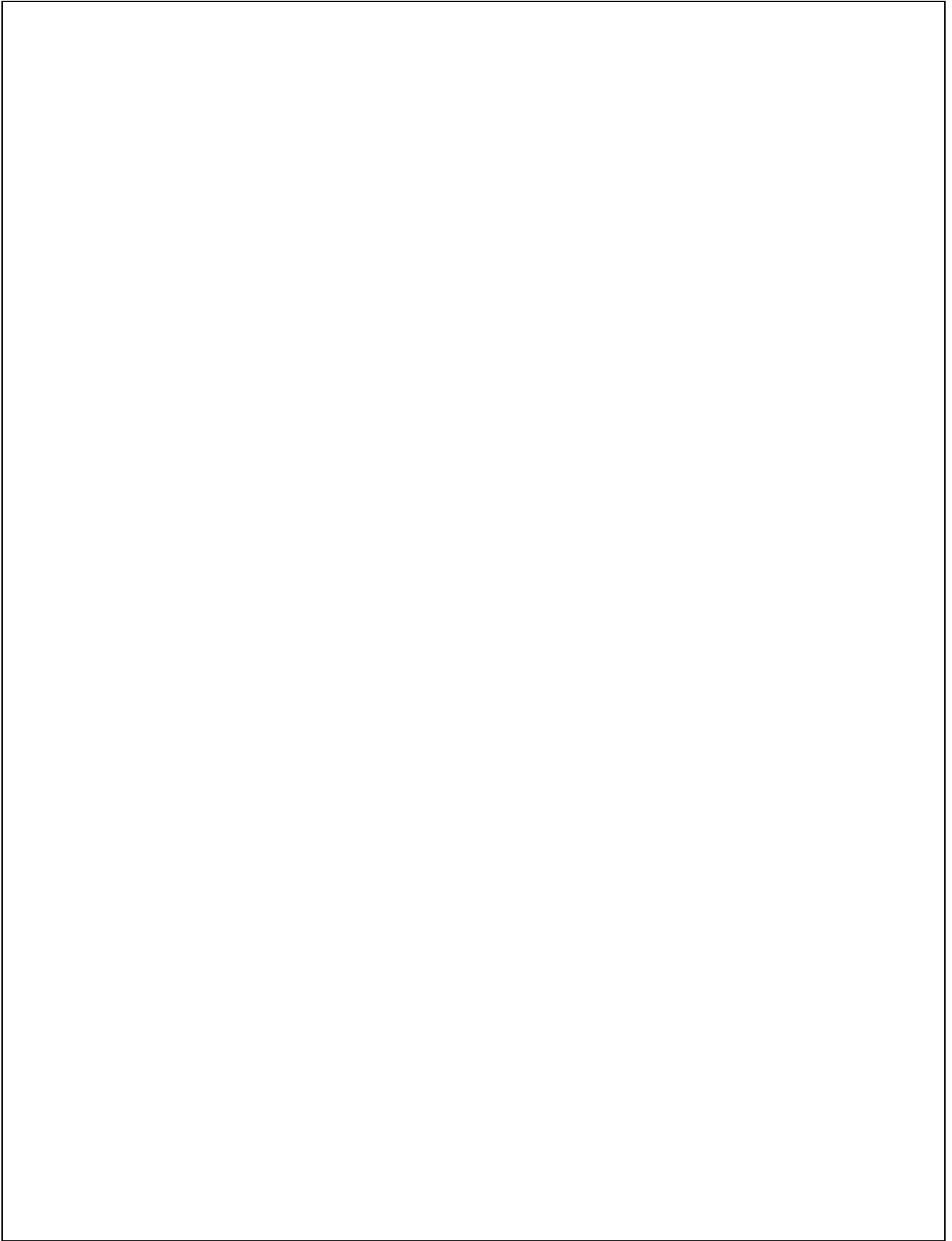
If you have had any employment history prior to or post higher education, please give details, including your most recent employer:

DATES	EMPLOYER'S NAME AND NATURE OF BUSINESS	POSITION HELD AND MAIN RESPONSIBILITIES	REASONS FOR LEAVING

**You may continue on a separate sheet if necessary.**

**STATEMENT OF APPLICATION.**

Please give your reasons for applying for this position and explain succinctly without using the word 'passionate' in what ways you meet the criteria set out in the person specification -



## GENERAL INFORMATION

Do you possess a current driving licence?	YES	NO
National Insurance Number:		
Please give details of any convictions, other than those which are "spent" under the provision of the Rehabilitation of Offenders Act 1974. Failure to disclose such convictions could result in dismissal. Any information given will be treated in the strictest confidence:		
Do you need a work permit to take up employment in the UK?		
Are you involved in any activity, or subject to any restrictions or covenants, which might restrict your working activities?		
Are you prepared to work at weekends and in the evenings when required?		
Date from which you are available to work:		
Where did you hear about this vacancy?		

## REFERENCES

Please give details of two referees. If possible, one should be from a recent employer.

Name:	Name:
Job Title:	Job Title:
Address:	Address:
Telephone Number:	Telephone Number:
E – mail:	E – mail:
May we request a reference prior to employment      Yes/No	May we request a reference prior to employment      Yes/No

## DECLARATION

I declare that the information I have provided in this application form is, to the best of my knowledge and belief, correct and complete.

Please note: If you include any details that you know to be false or if you withhold relevant information, you may render yourself liable to disqualification from the recruitment process or, if appointed, to dismissal.

I understand these details will be held in confidence by the company for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998.

Signed:

Date:

I declare that I have not been convicted, nor had any criminal proceedings against me, nor have I been warned, either orally or in writing, in relation to a sexual offence or child abuse. I know of no reason why I should be considered unsuitable for work with children. I agree and hereby consent to YMT: UK seeking clearance from the police once an offer of employment is made in writing to me.

Signed:

Date:

(If this form is sent electronically you will be required to sign it if you are shortlisted for an interview)

## Equal Opportunities Monitoring

YMT is committed to providing equality of opportunity, irrespective of race, colour, ethnic or national origins, gender, marital status, sexual orientation, age, disability, religious beliefs, political beliefs, economic status or class. In order to help us ensure our policy is being carried out it would help if you would complete the following details so that we can monitor applications. Please be assured that any information you provide will be treated as confidential. Thank you for your assistance.

ETHNIC ORIGIN I would describe my ethnic origin as (please tick):	
White	<input type="checkbox"/>
Middle Eastern	<input type="checkbox"/>
North African	<input type="checkbox"/>
Black African	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>
Black Other (please specify)	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
South Asian (Indian, Pakistani, Bangladeshi, Sri Lankan)	<input type="checkbox"/>
South East and Far Asian (Japanese, Malay, etc)	<input type="checkbox"/>
Asian Other (please specify)	<input type="checkbox"/>
Mixed race (please specify)	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

OTHER INFORMATION					
<b>Gender</b> (male/female)  <div style="text-align: center;">M / F</div>	<b>Nationality</b> (as on your passport and usually the country in which you were born, e.g. Ireland, Zimbabwe, Britain, Kazakhstan)				
<b>Date of Birth:</b>					
<b>DISABILITY STATUS</b> (The Disability Discrimination Act 1995 protects people who have an impairment; are disabled and/or have long-term health conditions.)					
Do you think that you have a disability in accordance with the terms of the Disability Discrimination Act 1995?	<table border="1" style="width: 100%;"> <tr> <td style="width: 25%; text-align: center;">Yes</td> <td style="width: 25%; text-align: center;"><input type="checkbox"/></td> <td style="width: 25%; text-align: center;">No</td> <td style="width: 25%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
If yes, please give brief details of your disability					