

STICKY FINGERS EARLY YEARS ARTS

ARTIST PANEL 2011



(Applications are to be typed if possible, if handwriting please use black ink and capital letters)

APPLICANT INFORMATION			
Surname		First Name	
Street Address			
Town/City		County	Postcode
Phone No		E-mail Address	
Position Applied for		Website	
ARTIST PANEL 2011			
Are you a UK/Irish citizen?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If not, do you have a permit to work in the UK? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?
Art Forms you work in: visual <input type="checkbox"/> music <input type="checkbox"/> poetry <input type="checkbox"/> theatre <input type="checkbox"/> storytelling <input type="checkbox"/> environmental arts/gardening <input type="checkbox"/> movement <input type="checkbox"/> other <input type="checkbox"/> _____			

EDUCATION			
Secondary		Address	
From	To	GCSEs/A-Levels/Other	
University		Address	
From	To	Qualifications	
University		Address	
From	To	Qualifications	
University		Address	
From	To	Qualifications	

TRAINING
<i>Please list any additional training you have undertaken.</i>

REFERENCES		
<i>Please list three professional references.</i>		
Full Name	Relationship	
Company	Phone No	
Address	Email	
Full Name	Relationship	
Company	Phone No	
Address	Email	
Full Name	Relationship	
Company	Phone No	
Address	Email	

EXPERIENCE

Please detail current and recent work experience relevant to the position, using additional pages if needed.

Do you hold a current valid driving licence and have access to a form of transport suitable for work purposes?

YES

NO

If NO:

We are aware that some applicants may not hold a driving licence due to a disability. Please demonstrate how you can fulfil the mobility criteria of this post.

If you have a disability, please indicate what reasonable adjustments (if any) you will need us to make in the selection or interview process or in the job, if you are selected.

Criminal Convictions

All convictions, including "spent convictions" must be disclosed for the purpose of this job application.

Have you ever been convicted of a criminal offence or do you have any pending criminal charges?

YES

NO

If yes, please give details:

General information:

Please let us know where you heard about this artists panel:

COMPLETED APPLICATION FORMS TO BE RETURNED TO: PROGRAMME MANAGER, STICKY FINGERS EARLY YEARS ARTS, GRANITE HOUSE, 31-35 ST MARY STREET, NEWRY, CO DOWN BT34 2AA OR ELAINE@STICKYFINGERSARTS.CO.UK NO LATER THAN 12PM ON 04 APRIL 2011.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

INFORMATION TO ACCOMPANY EQUAL OPPORTUNITIES QUESTIONNAIRE

Sticky Fingers Early Years Arts is committed to providing equal opportunities for its staff and job applicants. The organisation has an equal opportunities policy to ensure that no applicant or member of staff receives less favourable treatment on the grounds of their religion or belief, race, colour, nationality, ethnic or national origins, disability, sex, marital status, sexual orientation or political belief.

It is recommended that the policy should be regularly reviewed to ensure it achieves these objectives. As part of this review, Sticky Fingers monitors job applications. As part of this process, you are requested to complete the following questionnaire. You are not required to write your name on this form; please detach it from the main application. All replies will be treated in the strictest confidence and the information will only be used internally by Sticky Fingers as part of the monitoring of its equal opportunities policy. No information will be provided to any other individual or organisation. Thank you for your co-operation in this matter.

Sticky Fingers Early Years Arts

Equal Opportunities Monitoring Form

1. Perceived Religious Affiliation

I am a member of the Protestant Community

I am a member of the Catholic Community

I am a member of neither the Protestant nor the Catholic Community

2. Gender

I am Male

I am Female

3. Marital Status

I am married

I am single

Other

4. Disability

Under the Disability Discrimination Act 1995, a disability is defined as 'a physical or mental impairment which has a substantial and long-term adverse affect on your ability to carry out normal day-to-day activities'.

Having read this definition do you consider yourself to have a disability?

Yes

No

5. Age Band (please indicate which band applies to you)

16-20

21-30

31-40

41-50

51-60

61-65

6. Cultural/Ethnic Origin (please indicate which band applies to you)

Chinese

Traveller

Black/African-Caribbean

Indian

Pakistani

White

Asian Other (please specify) _____

Other (please specify) _____