

# Clydesider Creative Application Form



<b>A</b>	<b>POST DETAILS</b>
Post Title:	Commercial Development Worker

<b>B</b>	<b>PERSONAL DETAILS</b>		
Surname:		Initial(s):	
Address and Postcode:			
Telephone (Home):		National Insurance Number:	
Telephone (Business):		E-Mail Address:	

<b>C</b>	<b>REFEREES</b>	
Please provide details of two referees. If you <b>do not</b> want your referees to be contacted before the interview, please tick <input type="checkbox"/> box below.		
	<b>First</b> Don't contact before interview <input type="checkbox"/>	<b>Second</b> Don't contact before interview <input type="checkbox"/>
Name:		
Designation:		
Address:		
Post Code:		
Telephone:		
E-Mail:		

<b>D</b>	<b>ADVERTISEMENT SOURCE</b>
Where did you see this vacancy advertised?	

<b>E   DO YOU HOLD A CURRENT DRIVING LICENCE? ( Please tick <input type="checkbox"/> appropriate boxes below )</b>									
Yes	No	Full	Provisional	Car	Motorcycle	LGV	PCV	If LGV or PCV, please state Class	No. of Penalty points and please give details

<b>F   EDUCATION (certificates gained at school)</b>		
Subjects indicating level e.g. Maths – Standard Grade	Results Obtained e.g. 1/2/3	Date Obtained

<b>G   FURTHER / HIGHER EDUCATION</b>		
College / University or Other (please give details)	Qualification(s), Modules or Units Gained	Date Awarded

<b>H   OTHER TRAINING RELEVANT TO THIS APPLICATION</b>			
Course	Provided By	Topics Covered	Duration

<b>I   MEMBERSHIP OF PROFESSIONAL BODIES</b>				
Name of Institution	Membership No.	Class of Membership	From	To

<b>J   CURRENT EMPLOYMENT (Please highlight all current employment)</b>				
Name and Address of Employer	Position Held and Nature of Duties	Dates From To	Contract Hours	Current Salary

<b>K   PREVIOUS EMPLOYMENT</b>			
Name and Address of Employer	Position Held and Nature of Duties	Dates From To	Reasons for Leaving

<b>L</b>	<b>HEALTH</b>
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1. Do you have any medical condition that can affect your performance of the duties outlined for this post. If so, please specify.

2. Please detail the number of working days lost due to illness over the last 24 months, specifying duration(s) and reason(s)

<b>M</b>	<b>SUPPORTING INFORMATION</b>
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With reference to the Person Specification please highlight your knowledge, skills and experience that makes you an ideal candidate for this post and tell us why you would like to work for Clydesider Creative. (Please continue this answer up to a maximum of 2 sides of A4).

<b>T</b>	<b>DECLARATION (read carefully before signing)</b>
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This post will be covered by the Rehabilitation of Offenders Act 1974.

- I agree to a Disclosure Scotland check being made if it is required
- I certify that all the information contained within this form is correct and false information or omissions may lead to dismissal without notice.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE SEND COMPLETED APPLICATION FORM TO 48A ERSKINE VIEW, OLD KILPATRICK G60 6JG OR EMAIL TO [theclydesider@gmail.com](mailto:theclydesider@gmail.com) TO ARRIVE NO LATER THAN 5PM ON NOVEMBER 23 2018.**