



APPLICATION FOR FREELANCE CONTRACTOR

PLEASE USE BLACK INK

CV's will not be accepted without a completed application form

Post for which you are applying:	
Where did you see this post advertised?	

Personal Details

Last Name:		First Name:	
Title:		Date of Birth:	
Address:			
Postcode:		Email:	
Mobile:		Telephone:	

Education and Training

School/College/ University Name:	Dates		Qualifications Gained
	From	To	

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Please complete on a separate sheet if required.

Employment History and/or current CV: Starting with your most recent/current position:

Employer's Name and Address:	Role and Responsibilities	From	To	Salary
Telephone/ email		Reason for Leaving		

Employer's Name and Address:	Role and Responsibilities	From	To	Salary
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Employer's Name and Address:	Role and Responsibilities	From	To	Salary
Telephone/ email		Reason for Leaving		

Please continue on a separate sheet if required.

Supporting Statement: Please provide a statement as to how you meet the person specification. Please continue on a separate sheet if required using no more than 2 sides of an A4 page.

Health and Wellbeing

Please give details of any medical conditions that may affect your ability to fulfil this post.

Do you have a Disability? Yes No Are you Registered Disabled? Yes No

Please give details:

Please continue on a separate sheet if required.

Disclosure and Barring Checks

If successful, you will be required to undergo an enhanced police check from the Disclosure and Barring Service. This post is subject to satisfactory results. If you have a recent DBS check, please enter the date and number of your certificate below:

Date:		Reference Number	
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References: Please give details of two referees, including your present/most recent employer:

Name:		Name:	
Company:		Company:	
Address:		Address:	
Telephone		Telephone	
Email		Email	
Relationship:		Relationship:	
Years known		Years known	

Please indicate if we can contact your referees prior to interview: Yes No

Declaration:

The information contained in this application form is true, correct and complete.

Signed:

Date:

I understand that any misrepresentation may invalidate my application/employment arrangements.

I hereby consent to the data on the application form, freely given by me, to be held by Lincolnshire Co-operative Ltd, in an organised filing system.

FOR OFFICE USE ONLY

Date Tracking			
Application Received		Accept for Interview	Yes <input type="checkbox"/> No <input type="checkbox"/>
References Received		Interview Date	
Date DBS Received		Start Date:	
Probationary Review		Confirmed in Post	
Contract Termination		Reason for Leaving	

Diversity Monitoring Form

IRIE! dance theatre is working towards ensuring its workforce is representative of the community it serves. This embraces our commitment to not discriminate under the Equality Act 2010. To help us achieve this, we need to monitor the background of applicants for employment and ask that you please complete and submit this form with your application form

This form will be separated from your application form, stored separately and used only to provide statistics for monitoring purposes and not used as part of your application selection.

Gender Male Female Transgender Prefer not to say

Does your gender match the sex you were registered at birth? Yes No

Are you married or in a civil partnership? Yes No Prefer not to say

Age 18-30 31-49 50-64 65+ prefer not to say

What is your ethnic origin?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

White

English Scottish Welsh Northern Irish Irish European

Gypsy or Irish Traveller Prefer not to say

Any other white background, please specify:

Mixed/multiple ethnic groups (Dual Heritage)

White and Black Caribbean White and Black African White and Asian

Mixed background other, please specify:

Any other mixed background, please specify:

Prefer not to say

Asian/Asian British

Indian Pakistani Bangladeshi Chinese Prefer not to say

Any other Asian background, please specify:

Black/ African/ Caribbean/ Black British

African Caribbean Black British Prefer not to say

Any other Black background, please specify:

Other ethnic group

Any other ethnic group, please specify:

Disability

Do you consider yourself to have a disability or health condition?

Yes No Prefer not to say

What is the effect or impact of your disability or health condition on your ability to work?

Please write in here:

Do you have any other medical conditions (e.g. diabetes, epilepsy, Multiple Sclerosis, back problem etc.)? Yes No

If yes, please specify):

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with the manager running the recruitment process if you are a job applicant.

Heterosexual Gay woman/lesbian Gay man Bisexual

If other, please specify: Prefer not to say

What is your religion or belief?

No religion or belief Buddhist Christian Hindu Jewish

Muslim Pagan Sikh Prefer not to say

If other religion or belief, please specify: