

APPLICATION FOR EMPLOYMENT

Application is by form only – please do not send a CV.

PERSONAL DETAILS		
Post for which you are applying:		
Your full name:		
Your address and postcode:		
Telephone numbers:	Home:	Mobile:
Email:		

YOUR PRESENT OR LAST JOB		
Name and address of employer:		
Job title:		
Salary:		
Date employed:	From:	To:
Main duties and responsibilities:		

PREVIOUS JOBS (start with the most recent. Include any relevant unpaid and voluntary work)

Dates from:	To:	Name and address of employer	Job title and main responsibilities

EDUCATION AND QUALIFICATIONS (start with the most recent)			
Dates from:	To:	Name of school/college/university	Qualifications gained

MEMBERSHIPS OF PROFESSIONAL BODIES AND OTHER QUALIFICATIONS		
Date obtained:	Name of professional body	Qualifications and level

HOBBIES AND INTERESTS
Please give details of your interests outside of education and work.

STATEMENT IN SUPPORT OF YOUR APPLICATION

Use this space to give evidence of your suitability for the post, relating your statement to the specific requirements of the Job and Person Specification. Please use one additional sheet if necessary.

OTHER INFORMATION	
Do you have a current driving licence?	
Do you have access to your own transport?	
If appointed, when would you be able to begin?	

REFERENCES	
Please give two referees. If in employment, one should be your last employer. If in education, one should be from your school or college. Please indicate if you would prefer your referee not to be contacted until after the interview.	
Name:	Name:
Address:	Address:
Position held:	Position held:

Could you please tell us how you found out about this post?	
Interview dates Please let us know if you can attend the proposed date/s.	

SIGNATURE			
I confirm that, to the best of my knowledge, everything in this application form is true and correct and can be treated as part of any subsequent contract of employment.			
Signature:		Date:	

Please return this form to:

Laura Case, Executive Director
The Hullabaloo
Borough Road
Darlington
DL1 1SG

Or by email to info@theatrehullabaloo.org.uk

Equal Opportunities forms will be separated from applications by non-shortlisting staff

Appointment is dependent on an enhanced DBS disclosure.

EQUAL OPPORTUNITIES MONITORING

Theatre Hullabaloo is committed to providing equal opportunities to all, irrespective of race, colour, creed, ethnic or national origins, gender, marital status, sexuality, disability or age.

As a National Portfolio Organisation, Theatre Hullabaloo is required by Arts Council England to collate statistics on those we collaborate with, our staff and our board. This information will be treated in the strictest confidence and individual data will not be provided to any other party.

Please tick the appropriate box:-

Gender

Male (including male to female trans women) ☐
 Female (including female to male trans men) ☐
 Non-binary (for example, androgyne) ☐
 Prefer not to say ☐

Age

0-19 ☐ 50-64 ☐
 20-34 ☐ 65+ ☐
 35-49 ☐ Not known ☐

Sexuality

Bisexual ☐ Gay woman/ lesbian ☐
 Gay man ☐ Heterosexual/ straight ☐
 Not known/ prefer not to say ☐

Ethnic background

English/ Welsh/ Scottish/		Bangladeshi	<input type="checkbox"/>
Northern Irish/ British	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>
Gypsy or Irish Traveller	<input type="checkbox"/>	African	<input type="checkbox"/>
Any other White background	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>	Any other Black/ African/	
White and Black African	<input type="checkbox"/>	Caribbean Background	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	Arab	<input type="checkbox"/>
Any other Mixed/ Multiple		Any other ethnic group	<input type="checkbox"/>
ethnic background	<input type="checkbox"/>	Not known/ prefer not to say	<input type="checkbox"/>
Indian	<input type="checkbox"/>		
Pakistani	<input type="checkbox"/>		

Disabilities

Non-disabled	<input type="checkbox"/>	Cognitive or learning disabilities	<input type="checkbox"/>
Visual impairment	<input type="checkbox"/>	Mental health condition	<input type="checkbox"/>
Hearing impairment/ deaf	<input type="checkbox"/>	Not known/ prefer not to say	<input type="checkbox"/>
Physical disabilities	<input type="checkbox"/>	Other long term/ chronic conditions	<input type="checkbox"/>