**ULSTER ARCHITECTURAL HERITAGE SOCIETY**

# EMPLOYMENT APPLICATION: Heritage Communications & Events Officer

This form may not allow sufficient space for provision of the information requested. If this is the case, please include additional sheets. Please note this form and any additional sheets will be used as the sole basis for short listing. CVs should NOT be sent.

**PERSONAL DETAILS:**

|  |
| --- |
| **Where did you see the post advertised?** |
| **Surname:**  **First Name(s):**  **Male/female:** |
| **Address:** |
| **Telephone No(s):**  **E-mail address:**  **Do you hold a current UK driving licence? Yes/No** |
| **Are you legally eligible for employment in the UK? Yes / No**  (delete as applicable)  **Do you require a work permit to work in the UK? Yes / No**  (delete as applicable)  *Please note that prior to making an offer of employment, we are required by law to verify documentary evidence (and maintain copies for our files) regarding a candidate’s eligibility to work in the UK. This applies to all applicants regardless of nationality/origin.* |
| **Have you any criminal convictions which are not ‘spent’? Yes / No** (delete as applicable)  **If yes please give dates and details.**  *This post is exempt from the provisions of the Rehabilitation of Offenders Act 1974, which means that applicants are not entitled to withhold any information requested about previous convictions even if, in other circumstances, they would be regarded as ‘spent’ under the Act.* |

**CURRENT (OR MOST RECENT) EMPLOYMENT OR WORK EXPERIENCE:**

|  |  |
| --- | --- |
| **Title of Post:** | |
| **Name and Address of Employer:** | |
| **Postcode:** | |
| **Nature of Business:** | **Date of Appointment:** |
| **Salary and Grade/Scale:** | **Period of Notice / Contract End Date:** |
| **Summary of Duties Responsibilities:** | |

**PREVIOUS EMPLOYMENT** (most recent first - you may include unpaid work) Please give a brief explanation of any periods of unemployment

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employer’s Name and Address** | **Title of Post Held** | **Salary and Scale** | **Date From** | **Date To** | **Reason for leaving** |
|  |  |  |  |  |  |

**EDUCATION AND QUALIFICATIONS** (most recent first).

Include details of any qualifications for which you are currently studying/expect to attain.

|  |  |  |  |
| --- | --- | --- | --- |
| **Schools, Colleges Universities or other Training organisations** | **From\*** | **To\*** | **Programme of study/examinations taken (with levels and grades)** |
|  |  |  |  |

\* Inclusion of qualification dates is not compulsory

**PERSONAL INTERESTS/HOBBIES**

**REFERENCES**

Please give the name, address and telephone number of two people who would be willing to give you a reference.If you are currently or have recently been in employment, one of these should be your current or last employer. If not, a referee should be a person who can make a statement with regard to your character, e.g. a school or college teacher. Referees must not be members of your family or related to you in any way.

|  |  |
| --- | --- |
| **Name** | **Name** |
| **Job Title (if applicable)** | **Job Title (if applicable)** |
| **Address** | **Address** |
| **Postcode** | **Postcode** |
| **Telephone** | **Telephone** |
| **How does this person know you?** | **How does this person know you?** |
| **If required, may we take up reference before interview?**  **Yes / No** (delete as applicable) | **If required, may we take up reference before interview?**  **Yes / No** (delete as applicable) |

**INFORMATION IN SUPPORT OF THIS APPLICATION:**

Please use the space below explain why you would be a good applicant for the post, including any experience you have gained, skills you have to offer and personal qualities. **Please relate your comments to the job description and advertisement.**

Please continue on an additional sheet if necessary.

**APPLICANT’S DECLARATION**

I hereby give my consent, in connection with this application, for all previous employers, educational institutions and references to be contacted to obtain and verify the accuracy of information provided by me in support of this application.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of the application or immediate termination of employment, whenever it may be discovered.

I understand that the UAHS is permitted to hold personal information about me as identified on this application form as part of its recruitment procedures and personnel records.

**Note:** The UAHS is an equal opportunities employer and does not unlawfully discriminate in employment. No information provided by the applicant will be used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by law.

# Finally, please complete the monitoring information at Appendix 1.

**Applicant’s signature: Date:**

**This form should be completed and returned to:**

**Planning & Outreach Application, C/O UAHS, Old Museum Building, 7 College Square North, Belfast, BT1 6AR, or by email to** [**info@uahs.org.uk**](mailto:info@uahs.org.uk)**. If submitting by email please telephone 02890550213 to verify receipt.**

**Closing date for applications is Friday 20th January at 5 pm.**

**It is the responsibility of applicants to ensure that their application is received before the closing deadline.**

|  |  |
| --- | --- |
| **FOR OFFICE USE ONLY** | |
| DATE APPLICATION RECEIVED:  Time received (if appropriate): | INTERVIEW: YES / NO |
| SHORTLIST YES / NO | NOTES ON REFERENCES: |

**APPENDIX 1** (all information provided with be treated in strictest confidence)

# DISABILITY & HEALTH MONITORING INFORMATION

Do you have any disability or medical condition, which may affect your suitability for this post? **Yes / No** (delete as applicable)

If yes, please give details:

If required, would you be willing to undergo a medical examination?

**Yes / No** (delete as applicable)

Are there any reasonable working adjustments you would need us to make to accommodate your health? **Yes / No** (delete as applicable)

If yes, please give details:

Give details of any periods of ill-health you have suffered within the last two years:

1. **DIVERSITY MONITORING INFORMATION**

**Please tick the box which best describes your cultural & ethic origin**

|  |  |  |
| --- | --- | --- |
| * White British | * Black British | * Indian |
| * White Irish | * Black Caribbean | * Pakistani |
| * White European | * Black African | * Bangladeshi |
|  |  | * Chinese |
| * Other white origin Please specify: | * Other black origin Please specify: | * Other Asian origin Please specify: |