



A	POST DETAILS
Post Title:	Creative Development Worker

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

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

D	ADVERTISEMENT SOURCE
Where did you see this vacancy advertised?	

E	DO YOU HOLD A CURRENT DRIVING LICENCE? (Please tick ✓ appropriate boxes below)								
Yes	No	Full	Provisional	Car	Motorcycle	LGV	PCV	If LGV or PCV, please state Class	No. of Penalty points and please give details

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

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

H	OTHER TRAINING RELEVANT TO THIS APPLICATION			
Course		Provided By	Topics Covered	Duration

I	MEMBERSHIP OF PROFESSIONAL BODIES RELAVANT TO THIS APPLICATION				
Name of Institution		Membership No.	Class of Membership	From	To

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

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

L	SUPPORTING INFORMATION
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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).

M	DECLARATION (read carefully before signing)
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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 TO ARRIVE NO LATER THAN 5PM ON NOVEMBER 23 2018.