***Please complete all sections of this form.***

***A CV or other information will only be considered alongside a completed form.***

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| **POST APPLIED FOR** | **PARTICIPATION MANAGER** |

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| **PERSONAL DETAILS** | | | | |
| Name |  | | Title |  |
| Address |  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | Postcode |  | |
| Contact number(s) |  | | | |
| Email address |  | | | |

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| **YOUR SKILLS AND EXPERIENCE** *Please tell us how your skills and experience make you qualified to deliver the responsibilities outlined in the Job Description. In each section, refer to the relevant responsibilities laid out in the Job Description and highlight how you meet the criteria laid out in the person specification.* |
| **YOUR SKILLS/EXPERIENCE IN YOUTH ARTS DELIVERY (500 words max)** |
| **YOUR SKILLS/EXPERIENCE IN PROJECT MANAGEMENT (500 words max)** |
| **YOUR SKILLS/EXPERIENCE IN STAFF MANAGEMENT (500 words max)** |

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| **DIRECTING SKILLS** *Please summarise your approach and creative practice in youth theatre directing (300 words max)* |
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| **ANY OTHER RELEVANT INFORMATION** (250 words max) |
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| **PRESENT EMPLOYMENT** | | | | | |
| Name  & address  of employer |  | | | | |
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|  | | | | |
|  | | | | |
|  | | | | |
|  | | Postcode | |  |
| Job title |  | | | | |
| Start date in post |  | Notice period | |  | |
| Reason for leaving |  | | | | |
| Briefly outline your main duties and responsibilities. If currently freelance, please give an outline of current projects you are working on (including your role, dates, companies) | | | | | |
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| **PREVIOUS EMPLOYMENT** (Please list in date order your employment and other work experience giving dates, post, employer, an indication of main duties and reason for leaving. If including voluntary work, please mark this clearly as ‘Voluntary’ or ‘Placement’). |
| Role:  Dates From/To:  Employer:  Main Duties (25 words max):  Reason for leaving:  Role:  Dates From/To:  Employer:  Main Duties (25 words max):  Reason for leaving:  Role:  Dates From/To:  Employer:  Main Duties (25 words max):  Reason for leaving: |
| **EMPLOYMENT GAPS** Please explain any gaps in your employment history |
| **Gap dates from/to:**  **Reason:**  **Gap dates from/to:**  **Reason:** |

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| **EDUCATION** *Please tell us your education history post-secondary from most recent. Add more entries as necessary. For each entry, tell us the name of the institution, the level of education (eg A-level, degree, masters, phd, etc), the name and dates of the course, and any results*. |
| **Date From/To:**  **Institution:**  **Name of Course:**  **Level of Education:**  **Results:**  **Date From/To:**  **Institution:**  **Name of Course:**  **Level of Education:**  **Results:**  **Date From/To:**  **Institution:**  **Name of Course:**  **Level of Education:**  **Results:**  **Date From/To:**  **Institution:**  **Name of Course:**  **Level of Education:**  **Results:** |

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| **TRAINING** *Please tell us about any other relevant courses or training you’ve undertaken.* |
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| **COMPUTER EXPERIENCE** (please give details of computer system packages with which you are familiar and the level of experience you have with them). |
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| **REFERENCES - please tick**  **the box if you do not**  **want your referee to be**  **contacted prior**  **to interview.** | Referee one must be your current or most recent employer. | |
| Referee One | Name |  |
| Position |  |
| Address |  |
|  |
|  |
|  |
| Telephone |  |
| Email |  |
| Relationship to you |  | |

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| --- | --- | --- |
| Referee Two | Name |  |
| Position |  |
| Address |  |
|  |
|  |
|  |
| Telephone |  |
| Email |  |
| Relationship to you |  | |

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| **ADDITIONAL INFORMATION** |
| **Safeguarding:** *All those working with children, young people, and vulnerable adults or handling sensitive data will be required to undergo an enhanced Disclosure and Barring Service (DBS) check. This will need to be in place before starting the role.* |
| Do you have a DBS check undertaken within the last 2 years?  Yes  No |
| Do you have criminal convictions or cautions?  Yes  No  If yes, please give details: |
| Are you facing any criminal prosecutions?  Yes  No  If yes, please give details: |
| *Please note, that as Lewisham Youth Theatre works with children and young people, all roles within the organisation are exempt from the Rehabilitation of Offenders Act 1974, and any subsequent updates in England and Wales*. |

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| **ADDITIONAL INFORMATION (cont.)** |
| **Work Status:** Do you require a certificate of sponsorship and/or work visa to work in the UK?  Yes  No  If yes, please give details: |
| **Accessibility:** *If you require any adaptations to participate fairly in the recruitment process, please give details here. Any information you provide here will not form part of the shortlisting process.* |

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| **HOW DID YOU HEAR ABOUT THIS VACANCY?** |
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| **DECLARATION** | | | |
| By submitting this form, I certify the information given in my application is to the best of my knowledge true and complete. I understand that any false statement, or omission, may result in my application being withdrawn or my appointment being terminated. I consent for Lewisham Youth Theatre to use the information on this form for all purposes relating to the recruitment process, in line with LYT’s privacy and data protection policies. For the successful candidate, the information will form part of their confidential, personal record. The privacy and data protection policies can be found at: w lewishamyouththeatre.com/about-us/policies | | | |
| **SIGNED** |  | **DATE** |  |
| LYT sends out about 4 e-newsletters per year. If you wish to receive this newsletter please tick here. | | | |

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| **CLOSING DATE** | 12 noon on Monday 29th July 2019 |
| **RETURN COMPLETED FORM TO:** | |
| **Flo Dessau, Programmes Administrator**  [**recruitment@lewishamyouththeatre.com**](mailto:recruitment@lewishamyouththeatre.com)  With the subject line: ‘[Your Full Name] Participation Manager Application’  Or post to: Lewisham Youth Theatre, 1st Flr, Town Hall Chambers,  Rushey Green, London SE6 4RU | |

**Equal Opportunities Monitoring Form**

This information will be used to monitor implementation of Lewisham Youth Theatre’s Equal Opportunities Policies. We will separate this part of the form from your application form. It will not form part of the selection process. We would be grateful if you could complete the following questions:

**POST APPLIED FOR:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:**

**ETHNIC GROUP**

**WHITE ASIAN EAST ASIAN**

British British British

Irish Indian Chinese

Eastern European Pakistani Vietnamese

Greek Cypriot Bangladeshi

Turkish Cypriot

**MIXED**

**BLACK** White/Black Caribbean

British White/Black African

African White/Asian

Caribbean

**Any other way of describing your ethnic identity:**

**PLEASE CIRCLE YOUR EMPLOYMENT STATUS**

Full-Time Part-Time Seeking Work Self Employed Student

Carer Homemaker Retired Government Training Scheme

Incapacity Benefit Other:

**PLEASE CIRCLE YOUR GENDER:** Female Male Transgender

**PLEASE CIRCLE YOUR AGE GROUP:** 16-25 26-35 36-50 51-65 65+

**DISABILITY:** Do you consider yourself to have a disability? YES / NO

If yes, please give details:

**SEXUALITY:** Heterosexual Gay Lesbian Bisexual Prefer Not To Say

**RELIGION:** Please indicate your religious affiliation (if any):

**HOW DID YOU FIND OUT ABOUT THIS POST?**

Thank you for completing this form.