### APPLICATION FORM

The information supplied on this application form will be used as part of the selection process. All information will be treated as confidential.

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| **POST APPLIED FOR** |  |
| Where did you see this post advertised? (Please list all) |  |

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| **PERSONAL DETAILS** | |
| Full name: | |
| Address:    Post code: | |
| Email: | Daytime telephone: |

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| **DISABILITY** |
| Do you consider yourself to have a disability or a long-term health condition?  Yes  No  Prefer not to say  \* A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. |
| **ADDITIONAL INFORMATION FOR PEOPLE WITH DISABILITIES** |
| ***Disability confident scheme:***The Arts Council of Wales is a Disability Confident employer, committed to interviewing all disabled applicants who meet all the essential criteria set out in the person specification.  Please refer to the below link for further details.  [Disability Confident employer scheme - GOV.UK (www.gov.uk)](https://www.gov.uk/government/collections/disability-confident-campaign) |
| Do you feel that you meet the minimum essential job criteria and would like to apply under the Disability Confident Scheme?  Yes  No |
| **Assistance for assessment/interview.** Please advise us of any reasonable adjustments, access, equipment, or other practical support requirements you may have so that we can ensure that our selection process is accessible. The HR team will try and arrange support for you. |

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| **RELATIONSHIPS** |
| Are you related to any member or employee of the Arts Council of Wales?  Yes  No  If ‘YES’, please give details: |

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| **REHABILITATION OF OFFENDERS ACT 1974** |
| Do you have any criminal convictions not regarded as spent (i.e. unspent) under the Rehabilitation of Offenders Act 1974?  Yes  No  If ‘YES’, please describe the offence(s) and date(s) of conviction: |

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| **LEGAL STATUS TO WORK IN THE UK** |
| Do you have the legal right to work in the UK?  Yes  No  If ‘YES’ but there are conditions attached, for example start or finish dates, please give details:    If ‘NO’ what type of permit do you require? |

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| **LANGUAGE SKILLS** | | | |
| Welsh – listening  Proficiency  Advanced  Intermediate  Foundation  Entry Level  None | Welsh – speaking  Proficiency  Advanced  Intermediate  Foundation  Entry Level  None | Welsh – reading  Proficiency  Advanced  Intermediate  Foundation  Entry Level  None | Welsh – writing  Proficiency  Advanced  Intermediate  Foundation  Entry Level  None |
| English – listening  Proficiency  Advanced  Intermediate  Foundation  Entry Level  None | English – speaking  Proficiency  Advanced  Intermediate  Foundation  Entry Level  None | English – reading  Proficiency  Advanced  Intermediate  Foundation  Entry Level  None | English – writing  Proficiency  Advanced  Intermediate  Foundation  Entry Level  None |
| **KEY** – please refer to the document ‘[Welsh Language Self-Assessment (click here](https://learnwelsh.cymru/media/3239/151217description_sgiliau.pdf))’. | | | |
| List any other languages that you can speak, read, write or understand, and your proficiency level of each: | | | |
| Language preference for this application:  Welsh  English  We welcome correspondence in Welsh as well as English and corresponding in either language will not lead to any delay. (Please note: interview questions and assessments may be held in Welsh and English where the ability to speak Welsh is essential for the role) | | | |

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| **CURRENT MEMBERSHIP OF PROFESSIONAL BODIES** (state class of membership and whether obtained by examination) | | |
| Body/Examination | Membership and Grade | Date obtained |

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| **PREVIOUS EMPLOYMENT** |
| Name and address of employer:  Employment dates (from/to): |
| Job title and brief outline of duties: |
| Reason for leaving: |
| Name and address of employer:  Employment dates (from/to): |
| Job title and brief outline of duties: |
| Reason for leaving: |
| Name and address of employer:  Employment dates (from/to): |
| Job title and brief outline of duties: |
| Reason for leaving: |

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| **REFERENCES** | |
| Please give names and addresses of two people who can verify your paid/unpaid employment. One should be your current/most recent employer. If you have not been in paid employment, please give the name and address of the head of your education or training establishment. The information requested will relate to salary, length of service, experience, ability, subjects studied. A personal reference is not required.  Internal applicants are required to provide details of their ACW line manager only. | |
| Name: | Name: |
| Job title: | Job title: |
| Relationship to you: | Relationship to you: |
| Address:  Telephone:  Email: | Address:  Telephone:  Email: |
| Please indicate their preferred language of correspondence:  Welsh  English | Please indicate their preferred language of correspondence:  Welsh  English |
| When may we request a reference:  At any time  Only after an offer of employment | When may we request a reference:  At any time  Only after an offer of employment |
| **ALL APPOINTMENTS ARE SUBJECT TO RECEIPT OF SATISFACTORY REFERENCES** | |

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| **AVAILABILITY** |
| Are there any dates during the next 2 months that you cannot attend for interview?    If appointed to this post, when would you be able to start work?    If you have holiday or similar commitments, please give the dates: |

### Please also complete the Essential Knowledge, Experience and Attributes section of this application form below.

### Essential Knowledge, Experience and Attributes

Referring to the requirements of the role listed in the ‘Who we are looking for’ section of the Independent Members Recruitment Information Pack. Please state in the form below how your experience and achievements to date would make you a suitable candidate for this post.

The short-listing panel will need to know how you meet the requirements and will base their decision on the information you provide here.

Please note that the box will expand as you write in it.

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| **Knowledge, experience and attributes– maximum 1500 words** |
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Declaration

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| Please return this completed form in Word format electronically to: [HR@arts.wales](mailto:HR@arts.wales)  Application forms and references (if requested) are kept for six months in case of other vacancies, and are then destroyed, unless you specifically ask that your details are destroyed sooner. All information will be treated in a confidential manner and seen only by those involved in the recruitment process. Any copies made will be destroyed after interview. If successful, an application will be retained electronically in the personnel file by the Human Resources Department. No other copies will exist. Notes made at shortlisting and at interview will be destroyed after the interviews are completed. The only further information stored after interview will be the reason why an applicant was not appointed. Interviewees are welcome to contact the Human Resources Department to request feedback about their interview. |
| To the best of my knowledge the information on this form is correct. I give my consent to the information provided by me on this form being used in the Arts Council of Wales’ recruitment process.  **Signature:**        **Date:** |
| The Arts Council of Wales is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information you may contact [hr@arts.wales](mailto:hr@arts.wales) |