Director of Music

Application Form

Personal Information

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| Title: |  | Forename: |  |
| Date of Brith: |  | Surname: |  |
| Known as: |  | Any previous names by which you have been known: |  |
| Home Address: |  |
| City: |  | Postcode: |  |
| Daytime Telephone: |  | Mobile Telephone: |  |
| Evening Telephone: |  | Email Address: |  |

Education, Training & Qualifications

Please give details of any relevant training and qualifications which you feel equip you for this role.

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Employment & Voluntary Work Experience

Please provide a full history (with dates wherever possible) of any relevant experience.

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Reason for Applying

Please tell us why you wish to apply for the post, identifying how your experience and skills will be suited to the role. Please also tell us about any skills or experience you hope to gain through this opportunity:

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References

Please provide contact information for 3 referencees. Referees must be over 18 and not be family members or relatives. Please note that 'Self-supplied’, ‘to whom it may concern’ and verbal references will not be accepted.

## Reference 1

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Telephone Number: |  |
| Address (including postcode) |  | Email Address: |  |
| In what capacity do you know this person? |
|  |

## Reference 2

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Telephone Number: |  |
| Address (including postcode) |  | Email Address: |  |
| In what capacity do you know this person? |
|  |

## Reference 3

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Telephone Number: |  |
| Address (including postcode) |  | Email Address: |  |
| In what capacity do you know this person? |
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