**Director of Development and Partnerships Application Form**

Please complete all sections of the form and return by email to: jobs@openeye.org.uk or by post to: Open Eye Gallery, 19 Mann Island, Liverpool L3 1BP by 12.00pm on Friday 1st December 2017.  
  
**Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Names:** |  | **Surname:** |  |
| **Title:** |  | **Address:** |  |
| **Mobile Number:** |  |
| **Home Number:** |  |
| **Nationality:** |  | **Postcode:** |  |
| **Email Address:** |  | | |

**Education** (Please note, evidence of qualifications will be required on successful appointment)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates Attended** | **School/College/University** | **Qualification** | **Subject** | **Grade** |
|  |  |  |  |  |

**Professional Membership and Qualifications**

|  |  |
| --- | --- |
| **Membership/Qualification Details** | **Date Obtained** |
|  |  |

**Current or Most Recent Employment**

|  |  |
| --- | --- |
| **Position Held:** |  |
| **Name of Employer:** |  |
| **Address:** |  |
| **Dates of Employment:** |  |
| **Notice Period (If Applicable):** |  |
| **Key Responsibilities:** |  |
| **Final Salary:** |  |
| **Reason for Leaving:** |  |

**Employment History** (Most recent first)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position Held** | **Employers Name and Address** | **Dates** | **Main Duties and Responsibilities** | **Reasons for Leaving** |
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**Information in Support of your Application**

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| **Please tell us why you have applied for this position, and how your skills and experience are relevant to your application, with reference to the Job Specification. This section is your opportunity to tell us why you are the best person for the job.** |

**References** (Please give details of two referees - one of whom should be your present/most recent employer. Contact will only be made with your permission)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Name:** |  |
| **Position:** |  | **Position:** |  |
| **Address:** |  | **Address:** |  |
| **Contact Number:** |  | **Contact Number:** |  |
| **Email Address:** |  | **Email Address:** |  |
| **Relationship to you:** |  | **Relationship to you:** |  |

**Disability**

|  |  |
| --- | --- |
| **Do you identify as someone living with a disability?** |  |
| **If yes, please give details below:** | |
|  | |
| **Do you have any additional requirements that will enable you to attend the interview or help you carry out your duties?** | |
|  | |

**Convictions**

|  |  |
| --- | --- |
| **Have you ever been convicted of a criminal offence? Declaration is subject to the Rehabilitation of Offenders Act 1974.** |  |
| **If you have answered yes, please give details:** | |
|  | |

**Please sign and date the declarations and authorisation below:***I declare that the information given by me, to the best of my knowledge, is true and complete.*

I acknowledge that dishonesty or the giving of incorrect information on purpose may render this application and any subsequent employment invalid and subject to summary termination.

In accordance with the Data Protection Act 1998, I hereby authorise Open Eye Gallery to process the information contained in this application form for recruitment and selection purposes.

|  |  |
| --- | --- |
| **Name:** |  |
| **Signed:** |  |
| **Date:** |  |

**Please note we are unable to feedback on individual applications. Successful applicants will hear back by Friday 8th December 2017.**