**Associate Producer Application Form**

Thank you for your interest in working at Unity. We look forward to receiving your application.

Please complete all sections and read all questions carefully. Please type or use **black ink**.

If this form is not an appropriate application method for you because of an impairment or disability, please contact us to make alternative arrangements.

Please return your completed application form to [info@unitytheatre.co.uk](mailto:info@unitytheatre.co.uk) or Recruitment, Unity Theatre, 1 Hope place, Liverpool, L1 9BG

To help us with our equality monitoring please be sure to fill in our [Equality Monitoring form](https://docs.google.com/forms/d/e/1FAIpQLSd87i5OwFKlHdZjMxQtLBRoUo_diHDybppRbQy0xMBG7fzevA/viewform?usp=sf_link).

**POSITION APPLIED FOR:**

|  |
| --- |
|  |

**CURRENT OR MOST RECENT EMPLOYMENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Job Title** |  | | **Employer** |  | |
| **Dates of Employment (from – to)** | |  | **Salary / hourly rate** | |  |
| **Main duties / responsibilities** | |  | | | |
| **Reason for leaving  (if no longer employed)** | |  | | | |
| **What notice period are you required to give?** | |  | | | |

**PREVIOUS** **EMPLOYMENT**

Please give details of any further employment experience you may have had, with the most recent post first. Please continue on separate sheets if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Dates | Name of Organisation | **Paid or unpaid** | **Job Title, Main Responsibilities and reason for leaving** |
|  |  |  |  |

**OTHER TRAINING/QUALIFICATIONS**

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| Please provide details of your educational qualifications and any other relevant training courses, professional qualifications you hold or are studying towards which are relevant to the job you are applying for (including institution and dates). |
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**SUPPORTING INFORMATION – EXPERIENCE, SKILL & KNOWLEDGE**

Please provide information that demonstrates what you can bring to this role, why you have applied, what makes you a suitable candidate and any other information to support your application.

**REFERENCES**

Please supply the names, full postal address and telephone numbers of two people who can give you a reference. At least one of these should be your current or most recent employer. We will not contact your referees without your express permission but any offer of employment will be made subject to

satisfactory reference

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reference 1** | |  | **Reference 2** | |
| Name: |  |  | Name: |  |
| Position: |  |  | Position: |  |
| Phone Number: |  |  | Phone Number: |  |
| E-mail Address: |  |  | E-mail Address: |  |
| Relationship to candidate: |  |  | Relationship to candidate: |  |

**PERSONAL DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** |  | **Surname** |  | **Forename(s)** |  |
| **Address** | |  | | **Postcode** |  |
| **Mobile number** |  |
| **Telephone number** |  |
| **Email Address** | | | |  | |

**ELIGIBILITY TO WORK IN THE UNITED KINGDOM**

Section 8 of the Asylum and Immigration Act 1996 requires all employers in the United Kingdom to make basic document checks on every person they intend to employ. By making these checks, employers can be sure they will not break the law by employing illegal workers

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| --- | --- |
| **Are you eligible to work in the UK, and can provide a current work permit if requested?** | [ ] Yes [ ] No |

**REHABILITATION OF OFFENDERS ACT**

In the event of a successful application an Enhanced Disclosure and Barring Service (DBS) check may be requested from the candidate as a condition of appointment. Please note a criminal conviction will not necessarily be a bar to obtaining a position.

|  |  |
| --- | --- |
| **Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?** | [ ] Yes [ ] No |

**If yes, please give details of offence including date and outcomes**

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**DECLARATION**

|  |  |
| --- | --- |
| I certify that the information given on this form is, to the best of my knowledge, true and complete. I give my consent for my details to be held on file by the Unity for up to six months, after which time they will be destroyed. | |
| **Applicants Signature:** | **Date:** |

All of the information you provide will be held in accordance with the General Data Protection Regulation 2018.