**Fallen Angels Dance Theatre (FADT)**

**Part Time Administrator (9 month Maternity Cover) Application Form**

**Personal Details**

| First Name(s): |  |
| --- | --- |
| Family Name: |  |
| Full address for correspondence, including postcode: |  |
| Telephone (Landline): |  |
| Mobile: |  |
| Email: |  |

**References**

Please give the name, email and telephone number of two people who know you and your work (not relatives).

|  |  |
| --- | --- |
| Name: | Name: |
| Position: | Position: |
| Relationship to you: | Relationship to you: |
| Email: | Email: |
| Telephone no: | Telephone no: |

|  |  |
| --- | --- |
| PRESENT EMPLOYMENT (paid and/or unpaid) | |
| Name and address of employer: |  |
| Job Title: |  |
| Current basic salary or equivalent pa: |  |
| Date started:  Leaving date or notice required:  Reason for seeking alternative employment: |  |
| Brief description of duties: | |
|  | |

**Please use this space below** to tell us about the skills, experience and knowledge you have that are relevant to the job description and person specification. Please also tell us why you are interested in being a Part Time Administrator (9 month Maternity Cover) , and to give us any additional relevant information. Please continue on a separate sheet if necessary.

**Data Protection:** The information you have supplied on this application form will be processed by computer and filed as a hard copy for our records. We will not share this information with other organisations without your permission.

**Please return the completed form, alongside your CV and Monitoring Form to:**

e: [claire@fallenangelsdt.org](mailto:claire@fallenangelsdt.org)

**Deadline for applications**: 3 August

Fallen Angels Dance Theatre North West:

Company limited by Guarantee no: 08909000,

Registered Charity: 1158251

Registered address: 39 Toll Bar Chester CH3 5QU