**Candidate Summary Form**

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| --- |
| POSITION APPLIED FOR |
| TITLE | FIRST NAME | SURNAME | INITIAL(S) |
| COMPANY (IF RELEVANT) |
| ADDRESS FOR CORRESPONDENCE |
| CONTACT TELEPHONE NUMBER(S) | EMAIL ADDRESS |

Please provide references (that you consent for us to contact):

|  |  |  |
| --- | --- | --- |
|  | **Reference 1** | **Reference 2** |
| Customer/ organisation |  |  |
| Customer contact – name and phone  |  |  |
| Time period of contract |  |  |
| Brief description of contract |  |  |

**DECLARATION**

I certify that the information I have given on this application form is accurate and correct to the best of my knowledge.

Signed: Print name:

Date:

Please submit tenders by **10am on 13 April 2015**

Tenders are to be emailed to mel@creategloucestershire.co.uk

**Equal opportunities monitoring sheet**

**STRICTLY CONFIDENTIAL**

Please tick or complete the appropriate boxes. The following information is required for monitoring purposes and will not form part of the sifting or shortlisting process.

**AGE ……………………………………**

**GENDER ……………………………………**

**ETHNIC ORIGIN**

Please show which group best describes your ethnic origin or descent by ticking only one of the boxes in the right hand column below.

|  |  |
| --- | --- |
| Are you WHITE? |  |
| Are you BLACK? | of Caribbean origin |
|  | of African origin |
|  | of other origin (please describe) |
| Are you ASIAN? | of Indian origin |
|  | of Pakistani origin |
|  | of Bangladeshi origin |
|  | of East African origin |
|  | of Chinese origin |
|  | of other origin (please describe) |
| Do you belong to some other group or groups (please describe)? |  |

**DISABILITY**

Do you consider yourself to have a disability as defined by the Disability Discrimination Act 1995: ‘a physical or mental impairment which has a substantial and long-term adverse effect on the person’s ability to carry out normal day-to-day duties’? If YES please tell us separately about any adaptations which you may require either to carry out the role or to participate in the selection process.

|  |  |
| --- | --- |
| YES | NO |