

CUMBRIA'S MUSEUM OF MILITARY LIFE

LEARNING & ACCESS ASSISTANT

APPLICATION FORM

To be completed and sent as signed hard copy, in an envelope marked
“**Confidential – Application**” to:

The Manager, Cumbria's Museum of Military Life, The Castle, Carlisle, CA3 8UR

Or electronically (marked: CONFIDENTIAL APPLICATION) to: jules.wooding@cmoml.org

If application is sent electronically, you will be required to sign a hard copy at interview

Deadline: 12:00pm Monday 15th November 2021

Late applications will not be accepted. Interviews will be held on Tuesday 30 November.
Successful candidates for interview will be notified by email.

- Please include a covering letter, saying why you would like the job.
- Certificates of qualifications and degrees are not required at this stage.
- Please do not send a CV.
- If you need more space, please attach extra sheets.

1 PERSONAL DETAILS

Title:

First name(s):

Surname:

Address:

Postcode:

Email address:

Telephone - Landline:

Mobile:

National Insurance number:

2. CURRENT AND PREVIOUS EMPLOYMENT (starting with most recent)

Employer's name and address	Date from	Date to	Position held	Brief details of duties and responsibilities

3 EDUCATIONAL QUALIFICATIONS

Examinations taken	Grades/qualifications	Year taken

4 SUBSEQUENT TRAINING COURSES / PROFESSIONAL DEVELOPMENT

Please include membership details and dates of any professional institutions (indicating whether obtained by examination)

Date	Course, membership, or qualification

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5 SUITABILITY FOR POST

Having read the criteria for selection, please tell us, giving clear examples, how your qualifications, experience, skills, and outside interests meet the criteria. Use a separate sheet if necessary.

6 INTERVIEW

If you have a disability, please tell us about any adjustments we may need to make to assist you at interview

7 REFERENCES

Please give the name of two referees, at least one of whom is your current or most recent employer. You should note that no approach will be made to your present employer before an offer of employment is made to you.

First Referee

Name:

Occupation:

Relation to you:

Address:

Email:

Telephone:

Second Referee

Name:

Occupation:

Relation to you:

Address:

Email:

Telephone:

8 DECLARATION

- 9.1 Have you ever been convicted of a criminal offence? (Declaration subject to the Rehabilitation of Offenders Act 1974).

YES /NO

If yes, please give details

- 9.2 I agree that because the job will involve contact with children and vulnerable adults, the Trustees will submit my name for a DBS check.
- 9.3 I hereby give my explicit consent to the processing of data contained or referred to on this form, in accordance with the General Data Protection Regulation 2018 and any subsequent legislation.
- 9.4 *I am not affected by the Asylum and Immigration Act 1996;

9.5 I certify that to the best of my knowledge the details provided on this form and all other supporting papers are true and correct. Furthermore, I understand that if I have provided false or misleading information in response to any questions on this form or at interview, or have failed to disclose information, this will result in the termination of any contract of employment entered into or the withdrawal of any offer of employment.

SIGNATURE OF APPLICANT

DATE

NAME IN BLOCK CAPITALS