CONFIDENTIAL

APPLICATION FORM All sections, including Equal Opportunities Monitoring slip, must be completed by external and applicants except where otherwise indicated. If necessary, use a continuation sheet Application for HEAD STUDIOS TECHNICIAN To be returned by Wednesday 23rd April 2025 to: Digital: Joe Wright - Joe.wright@theatreroyal.org.uk By Post: FAO Joe Wright Theatre Royal Bath Saw Close Bath BA1 1ET

Please give details of addresses and telephone numbers by which you can be contacted, including a daytime telephone number. The Theatre Royal Bath will take into account that your daytime telephone number may be your work telephone number and that your employer or colleagues may not know that you applied to Theatre Royal Bath.

Surname	
Trist name (s)	
EXTERNAL APPLICANTS	INTERNAL APPLICANTS
Address	Department
	Telephone Extension
	Line Manager
Postcode	_
Telephone (home)	_
Telephone (work)	_

The decision to invite you to attend for assessment or interview will be based on the information you provide on this form. Please add additional sheets if you require more space.

Qualifications and Training
Starting with the most recent, please give details of your education, qualifications and
training relevant to the application.
Details of education/training, school, college or organisation, qualifications obtained and training relevant to
the application.
Employment History
Starting with your present or most recent job, please give a summary of all employment,
including any freelance and relevant unpaid work. Please include any gaps in your
employment giving reasons for the gap.
Name of employer and nature of business, job title, brief details of your responsibilities and salary and benefits, length of time employed.
benefits, length of time employed.
Personal Details:
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Do you have any restrictions on your right to	If you are invited to attend for assessment or			
work or remain in the UK?	interview, do you have any special			
	requirements?			
Yes No (please tick one)				
Where did you hear about this job?				
External Applicants Only:				
If you have previously worked for Theatre Royal Bath, please give brief details of the post held, the				
department and dates.				
All Applicants				
All Applicants: Please give the name and address of two referees.	One of these should be your most recent/present			
employer where applicable, or a relevant academi				
	or educational establishment which reference can			
be made.				
	IE RESS			
	EPHONE			
D. L.C. L.				
Relationship to you				
Can references be taken up with:				
1 V Find of the VEC / NO9	2 V 1f VEC / NO2			
1. Your First referee YES / NO?	2. Your second referee YES / NO?			
I agree that an offer of employment with Theatre Royal Bath is subject to satisfactory references, medical information supplied and a medical exemption (if required). I confirm that the information				
supplied by me on this form is correct.				
Signature	Date			
Skill, Abilities & Experience				

Use this section to outline the skills and experience you have gained in paid work (you may also wish to take into account any voluntary work, studies or leisure activities) which you think are relevant to the job for which you are applying and which you believe makes you suitable for the post. Please indicate the extent to which you believe your skills, abilities and experience meet the job requirements (as outlined in the information provided in the advertisement, as well as any additional information provided e.g. Job descriptions, person specifications)	

EQUAL OPPORTUNITIES MONITORING

The Theatre Royal Bath is committed to equal opportunities for all creed, ethnic or national origins, gender, marital status, sexuality, d So we can monitor the implementation of our equal opportunities p

This information will be treated in the strictest confidence and will be used only for statistical monitoring. It is not part of the selection process and will be separated from the application prior to shot listing

It would be of great assistance in pursuing our commitment to equal opportunities if you would complete this monitoring slip. Do you consider yourself to be: (please tick one box) Male Female African Asian Caribbean Chinese White European White Other Other (please specify below) Internal applicant External applicant Are you an: Age Band: (please circle appropriate band) Under 25 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60 +Disability Do you consider yourself to have a disability? YES NO (please tick one box)