

## **APPLICATION FORM Artisan Craft Workshop Team Leader**

## CLOSING DATE FOR APPLICATIONS: 10am Wednesday 21st February INTERVIEWS: Thursday 29th February

Please complete and return to: Carrie Baines - Project Coordinator By email to: carrie@blackthorn.org.uk Tel: 01622 828377

	ETAILS	
First name(s)	Surn	ame
Address		
••••••		Postcode
Contact telep	hone	
Email		
How did you	hear about this vacancy?	
Please list edu	ND TRAINING ucational details, including training courses, sta	rting with the most recent.
Dates	Institution name & address	Course & qualifications obtained
1		
Plansa continu	e on another sheet if necessary.	

Organis	ation		Post	
Address	· · · · · · · · · · · · · · · · · · ·			. Post Code
Date ap	pointed .			
Please c	lescribe yo	our position, tasks and respo	nsibilities in the organisatior	1.
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		ase start with the most recer		
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Include Dates:	work expe	erience in an unpaid or volur  Name and address	tary capacity.	Reason for leaving
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Please continue on another sheet if necessary

SKILLS AND EXPERIENCE
With reference to the job description and person specification, please highlight the skills, experience and
qualities you feel you can offer and outline why you would like this post.
Please continue on a separate sheet if you wish.
OTHER INTERESTS

REFERENCES				
Please give the names, addresses and telephone numbers of two referees.  One should be your present or most recent employer.				
Name	Name			
Address	Address			
Post Code	Post Code			
Tel	Tel			
Email	Email			
We will not contact your referees before interview				
I confirm that the information given in this app	olication is correct.			

Blackthorn Trust is a Registered Charity, Number 1117979

Signature ...... Date ......