81-83 High Street

Great Missenden, Buckinghamshire, HP16 0AL

Registered charity number 1085853

A company limited by guarantee number 4178505.

Application for the appointment of Museum Assistants, December 2024

## CONFIDENTIAL

### Please complete all sections as fully as possible using type or black ink

|  |  |  |  |
| --- | --- | --- | --- |
| Title | Surname | First names | |
| Address | | Home telephone number: | |
| Business telephone number: | |
| Mobile telephone number: | |
| Email address: | |
| Education Establishment (with dates) | | Academic qualifications  (with subject and level obtained) | |
| Professional qualifications Qualification | | | Date |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Current or most recent employment/work experience  Employer's name and address | | Post and duties | | From | | To |
| Current or most recent salary | | | | | | |
| Period of notice required from current employment | | | | | | |
| Previous employment / work experience  *(most recent first)* | | | | | | |
| Employer's name  and address | Post and duties | | Dates from/to | | Reason for leaving | |

|  |  |  |  |
| --- | --- | --- | --- |
| Experience and reasons for applying for this post (PLEASE ENSURE YOU SHOW HOW YOU FIT THE ROLE PROFILE, GIVING EVIDENCE). Continue on additional pages if required: | | | |
| Do you have a current clean driving licence? (*Delete as applicable)* | | Yes | No |
| Do you own a vehicle for use at work? *(Delete as applicable)* | | Yes | No |
| Referees  Please give the name and addresses of two referees (who should not be related to you) who can provide information about your professional career. | | | |
| First referee  Name:  Address  Telephone  Email | Second referee  Name:  Address  Telephone  Email | | |
| I confirm that to the best of my knowledge, the information on this form is true and correct and can be treated as part of any subsequent Contract of Employment. I accept that providing deliberately false information could result in my dismissal.  Signed ..............................................……………. Date ....................... | | | |

***Please return this form to:***

**Kimberley Richardson**

**The Roald Dahl Museum and Story Centre,**

**81-83 High Street,   
Great Missenden,**

**Bucks, HP16 0AL**

Tel: 01494 892192 Fax: 01494 892191 email: KimberleyR@roalddahlmuseum.org

Applications must be completed on this form. CVs may not be substituted for completing this form in full.

Please tell us if you need us to make any adjustments for you to be able to attend an interview.