



ROYAL ACADEMY OF MUSIC

INSPIRING GREAT MUSICIANS SINCE 1822

Human Resources Department, Royal Academy of Music, Marylebone Road, London NW1 5HT
Telephone: 020 7873 7495/7496 Email: hr@ram.ac.uk

Application for Employment

Please complete all sections of this form. Tell us how you meet the requirements of the role as set out in the job description and person specification. We will use this information to select candidates to interview. We do not accept CVs, but if you would like this form in an alternative format, e.g. large print, please contact us.

Please return your completed application form to the email or postal address above and by the specified closing date. We will be unable to consider your application if we receive it late or incomplete.

POSITION APPLIED FOR

Job title		Reference number	
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PRESENT / MOST RECENT EMPLOYMENT

Name & address of employer			
Post held		From mm/yy	To mm/yy
Brief description of duties and responsibilities			
Salary £		per (tick)	Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/>
Notice period			
Reason for leaving			

PREVIOUS EMPLOYMENT (most recent first)

Name and address of employer	Job title and main responsibilities	Dates employed		Reason for leaving
		From (mm/yy)	To (mm/yy)	

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REFERENCES	
<p>Please provide details of two referees, one of which should be your current or most recent employer. If you are short-listed for interview, we may request references prior to it, unless you have indicated otherwise, below. All offers of employment are subject to receipt of satisfactory references. If you do not want us to contact your referee(s) at this stage, please put a cross in the relevant box below.</p>	
Reference 1	Reference 2
Name	Name
Address	Address
Post code	Post code
Telephone	Telephone
Email	Email
How does this person know you?	How does this person know you?
<input type="checkbox"/> Do not contact at this stage	<input type="checkbox"/> Do not contact at this stage

EDUCATIONAL QUALIFICATIONS (most recent first)				
School/college	Subject	Level (e.g. A levels)	Grade	Date obtained (mm/yy)

PROFESSIONAL / WORK RELATED QUALIFICATIONS				
Awarding organisation	Subject	Level	Grade	Date obtained (mm/yy)

SUPPORTING STATEMENT
Please tell us why you are applying for this role and how you meet the criteria set out in the person specification.

Have you been convicted of a criminal offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'yes', please give details (except for convictions regarded as spent under the Rehabilitation of Offenders Act 1974)		

Have you been barred from working with children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'yes', please give details		

Are you related to any current member of staff?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'yes', please give details		



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Equality Monitoring Form

If you would like this form in an alternative format, e.g. large print, please contact us.

We operate a name-blind recruitment policy. This form will be detached and kept separate from your application. Your name will only be given to the interview panel at the interview stage. For further information about the purpose and use of this form visit www.ram.ac.uk/equality.

Job title	Reference number
Where did you see this vacancy advertised?	
Have you previously applied for a vacancy at the Academy?	

CONTACT DETAILS							
Title	(Please tick)	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Other (please state)
First name				Middle name(s)			
Surname							
Address							
Post code							
Home phone no.				Work phone no.			
Mobile phone no.							
E-mail							

PERSONAL DETAILS			
Gender	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Is your gender identity the same as the gender you were originally assigned at birth? Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
Date of Birth	Nationality		
Do you need permission to work in the UK? (e.g. a Certificate of Sponsorship)			Yes <input type="checkbox"/> No <input type="checkbox"/>

ETHNIC ORIGIN		
White <input type="checkbox"/>	Black/Black British – Caribbean <input type="checkbox"/>	Black/ Black British – African <input type="checkbox"/>
Other Black background <input type="checkbox"/>	Asian/Asian British – Indian <input type="checkbox"/>	Asian/Asian British – Pakistani <input type="checkbox"/>
Asian/Asian British – Bangladeshi <input type="checkbox"/>	Asian/ Asian British – Chinese <input type="checkbox"/>	Other Asian background <input type="checkbox"/>
Mixed – White and Black Caribbean <input type="checkbox"/>	Mixed – White and Black African <input type="checkbox"/>	Mixed – White and Asian <input type="checkbox"/>
Other Mixed background <input type="checkbox"/>	Arab <input type="checkbox"/>	Other Ethnic background <input type="checkbox"/>
Prefer not to say <input type="checkbox"/>		

RELIGION OR BELIEF		
Buddhist <input type="checkbox"/>	Christian <input type="checkbox"/>	Hindu <input type="checkbox"/>
Jewish <input type="checkbox"/>	Muslim <input type="checkbox"/>	Sikh <input type="checkbox"/>
Spiritual <input type="checkbox"/>	Other (<i>specify</i>) <input type="checkbox"/>	No religion <input type="checkbox"/>
Prefer not to say <input type="checkbox"/>		

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DISABILITY			
Do you consider yourself to have a disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Nature of Disability (Please tick the most applicable box or boxes)			
A specific learning difficulty (such as dyslexia, dyspraxia or AD(H)D)			<input type="checkbox"/>
General learning disability (such as Down's syndrome)			<input type="checkbox"/>
A social/communication impairment (such as Asperger's syndrome/other autistic spectrum disorder)			<input type="checkbox"/>
A long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease or epilepsy)			<input type="checkbox"/>
A mental health condition (such as depression, schizophrenia or anxiety disorder)			<input type="checkbox"/>
A physical impairment or mobility issues (such as difficulty using arms or using a wheelchair or crutches)			<input type="checkbox"/>
Deaf or serious hearing impairment			<input type="checkbox"/>
Blind or serious visual impairment uncorrected by glasses			<input type="checkbox"/>
A disability, impairment or medical condition that is not listed above			<input type="checkbox"/>
We will ask if you have any specific requirements or access arrangements in relation to attending an interview.			

SEXUAL ORIENTATION					
Bisexual	<input type="checkbox"/>	Gay/ Lesbian	<input type="checkbox"/>	Heterosexual / Straight	<input type="checkbox"/>
Other	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>		

APPLICANT DECLARATION	
The data on this application form will be used for the purpose of personnel administration and legitimate issues relating to employment. The Academy will observe the principles of the Data Protection Act 1998 at all times.	
I confirm that the details given by me in this application are accurate and true. I give my permission for the Academy to undertake pre-employment checks based on these details. I understand that any false statement or failure to disclose information where required to do so will, if engaged, render me liable to disciplinary action that includes dismissal from service.	
Signed	Date