**Vacancy Details**

|  |  |
| --- | --- |
| Post Applied for: | Post Number: |
| Please tell us where you first saw this post advertised: | |

**SECTION 1: Personal Details**

|  |  |  |
| --- | --- | --- |
| Title: | Forename: | Surname: |
| Address: | | Postcode: |
| Home Telephone Number: | | Mobile Telephone Number: |
| Work Telephone Numbers (if convenient): | | Email: |
| National Insurance Number: | | Nationality: |
| Are you related to any member of the NAM staff?  If ‘YES’ please state relationship, name, job title and department: | | |

**Asylum and Immigration Act**

All applicants MUST provide evidence of their right to work in the United Kingdom.

|  |
| --- |
| Do you require a permit to work in the UK?  Yes  No |
| If ‘YES’ and you already have a work permit, please state the type of permit: |

**Disability**

The Museum welcomes applications from people with a disability and/or health condition and operates a Guaranteed Interview Scheme. This guarantees an interview to all disabled candidates as defined by the Equality Act 2010 who meet the essential criteria and competency of the job specification.

|  |
| --- |
| Do you wish to apply under the Guaranteed Interview Scheme?  Yes  No |
| Please give details of any support and/or adjustments you would require at interview / selection test  (e.g. communication support, wheelchair access, car parking space): |

**References**

Please give the detail of two employers whom we may approach. One of them should be your most recent employer. If you are unable to provide employer references, please give details of Academic or professional referees.

|  |  |  |  |
| --- | --- | --- | --- |
| Referee 1 | | Referee 2 | |
| Name |  | Name |  |
| Address |  | Address |  |
| Job Title |  | Job Title |  |
| Relationship |  | Relationship |  |
| Email |  | Email |  |
| Telephone No. |  | Telephone No. |  |
| How long have you known this person? | | How long have you known this person? | |
| May we contact this referee prior to interview?  Yes  No | | May we contact this referee prior to interview?  Yes  No | |

**Criminal Convictions**

All appointments at the National Army Museum are made to satisfactory security clearance. Please give details of any unspent convictions or cautions you have under the terms of the Rehabilitation of Offenders Act 1974. Offences resulting in licence endorsements should be disregarded. Failure to disclose such information may result in dismissal or disciplinary action by the Museum. This information will be treated as confidential and will not necessarily preclude you from employment.

|  |
| --- |
| Have you ever been convicted in a court of law of any criminal offence?  Yes  No |
| If YES, please give details of offences, penalties and dates |
|  |

**Declaration**

I hereby declare that I have completed this application truthfully and understand that I will be liable to disqualification or dismissal should any of the information later be found to be false.

|  |  |
| --- | --- |
| Signature | Date |

Applications sent by electronic return will be considered signed and dated as per the email return.

The information provided by you on this form as an applicant, in accordance with the Data Protection Act 2018 will be processed solely in connection with recruitment process. Once the recruitment process is completed, unsuccessful applications will be securely destroyed after 6 months.

More information can be found in the Museum’s Privacy Policy ([www.nam.ac.uk/privacy](http://www.nam.ac.uk/privacy)) and Records Management Policy ([www.nam.ac.uk/records-management-policy](http://www.nam.ac.uk/records-management-policy)).

Code for HR use only:

**SECTION 2: Education**

|  |  |  |  |
| --- | --- | --- | --- |
| School, College or University | Subjects | Qualifications Obtained | Year |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Training and Development**

Please provide details of all training and development relevant to this post

|  |  |  |
| --- | --- | --- |
| Course Title | Course Provider | Course date |
|  |  |  |
|  |  |  |
|  |  |  |

**Membership of Professional Body**

Please provide details of any membership of professional bodies (including level of membership).

|  |  |  |
| --- | --- | --- |
| Name of Professional Body | Level of Membership / Qualification Awarded | Date Awarded |
|  |  |  |
|  |  |  |
|  |  |  |

**SECTION 3: Employment History**

Please give details of your most recent employment (Paid or Unpaid).

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Address of Employer |  | | |
| Job Title | | From (month/year) | To (month/year) |
| Current or Final Salary | | Period of notice required | |
| Brief description of key duties and responsibilities | | | |
|  | | | |
| Reason for Leaving |  | | |

**Previous Employment**

Please list all previous employment you have held in the last 10 years starting with the most recent first. (If you wish to provide more details, please include this in the Additional Information Section).

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Address of Employer |  | | |
| Job Title | | From (month/year) | To (month/year) |
| Brief description of key duties and responsibilities | | | |
|  | | | |
| Reason for Leaving |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Address of Employer |  | | |
| Job Title | | From (month/year) | To (month/year) |
| Brief description of key duties and responsibilities | | | |
|  | | | |
| Reason for Leaving |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Address of Employer |  | | |
| Job Title | | From (month/year) | To (month/year) |
| Brief description of key duties and responsibilities | | | |
|  | | | |
| Reason for Leaving |  | | |
| Name and Address of Employer |  | | |
| Job Title | | From (month/year) | To (month/year) |
| Brief description of key duties and responsibilities | | | |
|  | | | |
| Reason for Leaving |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Address of Employer |  | | |
| Job Title | | From (month/year) | To (month/year) |
| Brief description of key duties and responsibilities | | | |
|  | | | |
| Reason for Leaving |  | | |

**SECTION 4: Supporting Information**

Please say why you are interested in this post, and in what ways your skills, knowledge and experience match the requirements of the post as set out in the person specification and job description. (if you wish to provide more information, please include this in the Additional Information section).

|  |
| --- |
|  |

**Additional Information**

Please include any additional information relating to education, training, employment history, skills or interest that could not be included elsewhere and is relevant to your application.

|  |
| --- |
|  |

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**Equality & Diversity Monitoring Form**

**Confidential**

Code for HR use only: 

**SECTION 5 – Confidential**

**Equality & Diversity Monitoring Form**

The National Army Museum (NAM) recognises and actively promotes the benefits of a diverse workforce and is committed to treating all employees with dignity and respect regardless of race, sex, gender reassignment, disability, age, sexual orientation, marriage or civil partnership, pregnancy or maternity, religion or belief. We therefore welcome applications from all sections of the community.

This information will be kept securely and not made available to anyone before or during short-listing. It will not be used in deciding whether to shortlist you for interview or offer you employment. All information will be retained in accordance with the NAM’s retention of records arrangements and all data relating to unsuccessful candidates is destroyed after six months.

**This section of the application will be detached from you application and will be used solely for monitoring purposes.**

|  |
| --- |
| Post Applied for: |

**Age**

Please tick one of the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 16 – 24 | 25 – 29 | 30 – 34 | 35 – 39 | 40 – 44 |
| 45 – 49 | 50 – 54 | 55 – 59 | 60 – 64 | 65 & over |
| Prefer not to say | | | | |

**Gender**

Please tick one of the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Male | Female | Intersex | Non-binary | Prefer not to say |

Is the gender you identify with the same as your gender registered at birth?

|  |  |  |
| --- | --- | --- |
| Yes | No | Prefer not to say |

**Ethnic Origin**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box.

|  |  |  |  |
| --- | --- | --- | --- |
| **Asian or Asian British** | | | |
| Bangladeshi | Indian | Pakistani | Chinese |
| Any other Asian background (specify if you wish): | | | |
| **Black or Black British** | | | |
| African | Caribbean | Black British | |
| Any other Black background (specify if you wish): | | | |
| **White** | | | |
| British | English | Scottish | Welsh |
| Northern Irish | Irish | Gypsy or Irish Traveller | |
| Any other White background (specify if you wish): | | | |
| **Mixed** | | | |
| White & Asian | White & Black African | White & Black Caribbean | |
| Any other Mixed background (specify if you wish): | | | |
| **Other ethnic group** | | | |
| Arab | Any other Ethnic background (specify if you wish): | | |

**OR**

|  |
| --- |
| Prefer not to say |

**Disability**

Do you consider yourself to have a disability or health condition?

|  |  |  |
| --- | --- | --- |
| Yes | No | Prefer not to say |
| If yes, please give details if you wish | | |
| NB. If your disability or health condition means that you require any reasonable adjustments to be made in order to participate in our selection process, please ensure that you have detailed these on your application form in the Personal Details section so that we can accommodate your needs. | | |

**Religion or Belief**

Which of the following religions do you currently belong to? If you do not belong to any of these please   
tick ‘No religion or belief’

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Buddhist | Christian | Hindu | Jewish | Muslim |
| Sikh | No religion or belief | | Prefer not to say | |
| If other religion or belief, please specify if you wish: | | | | |

**Sexual Orientation**

What is your sexual orientation? Please tick one of the following:

|  |  |  |  |
| --- | --- | --- | --- |
| Bisexual | Heterosexual | Lesbian | Gay |
| Asexual | Pansexual | Undecided | Prefer not to say |

Revised Sep 2024