**The Hilden Charitable Fund, Director**

**Application Form**

Please complete this Application Form and the downloaded [Equal Opportunities Monitoring Form](http://www.allysondavies-consultant.com/wp-content/uploads/2020/01/EO_Form.doc), and attach a **CV** outlining your career, with any academic and professional qualifications, to date. Send the three documents by **10am on Wednesday 12 May**, to hilden@allysondavies-consultant.com. If you require any further information or you would like to discuss anything in more detail, please contact Allyson Davies at hilden@allysondavies-consultant.com, or on 020 7828 3855 / 07968 556 164.

|  |  |
| --- | --- |
| Full name |  |
| Address |  |
| Mobile |  | Landline |  |
| Email |  |
| How did you hear of this post? |  |
| Do you need a visa to work in the UK? | Yes / No | Notice period |  |

Please give details of two professional referees (they will not be contacted in advance of an offer):

|  |  |  |
| --- | --- | --- |
| **Details required** | **Your current/most recent employer** | **A previous employer** |
| Referee name |  |  |
| Role and organisation |  |  |
| Telephone |  |  |
| Email  |  |  |

**On no more than two pages, please state below:**

* Why you would like to be the new Director of The Hilden Charitable Fund.
* What experience and skills you can bring to this role in relation to the person specification.

**Declaration**

I declare that the information that I have provided on this form is true and accurate, and in particular that I have not omitted any fact which may have a bearing on my application. I understand that any subsequent contract of employment with The Hilden Charitable Fund will be made on the basis of the information I have provided. I understand that a false declaration, which results in my appointment to The Hilden Charitable Fund, will render me liable to dismissal without notice. I also understand that submitting this form electronically is equivalent to a signed declaration.

**Signed** [type your name]: **Date:**