# Guidance notes – Applicant Information Form Part 1

Please read these notes carefully **before** completing the application form.

1. Complete all sections of this form and the Applicant Statement Form.

2. **Please do not send your CV** as this will not be accepted in place of, or in addition to, completed application forms.

3. This form is used for administration purposes to track your application.

4. Completed application forms for **Director, Conciliation Resources EU** must be received by **9.00 UK time on 26 August 2020.**

5. Send your completed application forms parts 1 and 2 by email to [recruitment@c-r.org](mailto:recruitment@c-r.org).

6. You will receive an email acknowledgement from us when we receive your application. If you have not heard from us within three working days of sending the application to us, please email [recruitment@c-r.org](mailto:recruitment@c-r.org). After shortlisting has taken place, you will be notified by email of the outcome of your application.

7. Upon receipt of your application you will receive a link via email inviting you to fill in our Diversity Monitoring Survey. Your answers to this are anonymous and are not linked to your application.

8. Interviews will be held in the week commencing **date to be confirmed.**

9. It is not necessary to provide references at the application stage. We will request references from the successful candidate at the point of making an offer of employment.

**Application Form**

Top of Form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Post applied for | **Director, Conciliation Resources EU** | | | |
| How/where did you hear about this vacancy? Please use the relevant check box to indicate where you first came across this vacancy | | CR website  CharityJob  email from CR EPLO | idealist.org  ReliefWeb | Other website (please state)  Other source (please state) |

Bottom of Form

**1) Personal Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Surname |  | | | Title |  | |
| Forenames |  | | | | | |
| Address |  | | | | | |
|  |  | | Postcode | |  | |
| Daytime Telephone Number | |  | | | |
| Mobile | |  | | | |
| Email | |  | | | |

**2) Declaration**

By my signature on this application, I hereby certify that the information that I have given to you on this form is correct to the best of my knowledge. I agree the information on this form may be used for registered purposes and storage under the Data Protection Act 1998.

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