# 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 the **Director of Pacific Programmes, Pacific Region** must be received by **Tuesday, 30th June 2023.**

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

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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Post applied for |  | | | |
| 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  ☐ Ethical jobs  ☐ ACFID | ☐ Seek.com  ☐ Other website (please state)  ☐ Other source (please state) |

**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 Privacy Act 1988.

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