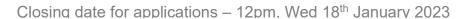
Job Application Form

Harris Tweed Authority Development Officer





Confidential

A The Post Title

JOB APPLICATION	Development Officer	
The Harris Tweed Authority, The Town Hall, 2 Cromwell Street, Stornoway, Isle of Lewis, HS1 2DB		

Development Officer

Please complete this form in BLOCK CAPITALS in BLACK INK or ELECTRONICALLY.

B Personal Details	
Full Name	Do you have a current and full driving licence? YES/NO
Address and Post Code	Are you a car owner? YES/NO
	E-mail
Home Phone No	Mohile Number

C Education				
In order of attendance				
School/College/University	Dates		Subject	Level and standard
	From	То		attained

D Other Qualifications		
		,

If you are related to a current employee or Board member of the Harris Tweed Authority, please give details below. This will not affect your application in any way.

E Relationship	
Name of Officer or Member related to you.	Nature of Relationship



Please indicate the extent of your ability to speak, write and read Gàidhlig. Place a cross against the category which you think best describes you.

F Gàidhlig Ability		
Native Speakers	Learners	No Knowledge
Speaking	Speaking	Speaking
Writing	Writing	Writing
Reading	Reading	Reading

G Convictions
If you have had any convictions please give details.
I Details of your current post

I Details of your current post	
Name and address of current employer	Date of commencement of this employment:
	Current Salary:
	What period of notice would you require to give your present employer?
Current Post Title:	
Duties of the post:	

	ent History			
This informa	ation should cov	ver the period over the past ten	years.	
D	ates	Name and address of	Post Held and Duties	Salary (£)
From	То	employer		



L Hobbies and Recreational Activities
The following Section should be used to explain why you think you have the necessary skills, experience and ability to undertake the duties of the post. Before you complete this Section please study carefully the Job Description to ensure that you possess the specific skills and experience identified for the post. Please give examples to demonstrate that you have the necessary qualities for this post. You may also provide a CV to supplement the information provided in this form.
K Summary of your skills, experience and ability to meet the requirements of the post.
(Oleman and the control of the contr
(Please continue on separate sheet if necessary)
No. Lloolah
M Health

Do you have, or have you had any illness or health problems which could affect your ability to undertake the duties of this post? If so, please give details (This information will be treated IN STRICT CONFIDENCE).



If you need any special access arrangements (ie disabled access) to enable you to attend an			
interview, please specify.			
P References			
	eferences for you. One of these should be your current		
or most recent employer.	,		
Name:	Name:		
A.1.1	Alders		
Address:	Address:		
Contact Details – Telephone:	Contact Details – Telephone:		
Post Held:	Post Held:		
Deletionship with applicants	Dolationship with Applicant.		
Relationship with applicant:	Relationship with Applicant:		
Do we have your permission to cor	ntact your referees prior to interview?		
YES/NO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Q Declaration			
I confirm that the information contained in this a	pplication form is true in every respect.		
Signature Date			
If appointed, information provided in this application form and found subsequently to be untrue,			
will lead to termination of contract. The Authority operates a probation period for all new			
employees.	, , , ,		

If you have any disability you may wish to indicate, please give details. (This information will be

N Disability

treated in STRICT CONFIDENCE).

THE COMPLETED APPLICATION FORM SHOULD BE EMAILED TO KRISTINA I MACLEOD:

Kristina I Macleod, Harris Tweed Authority

kristina@harristweed.org