london**print**studio

#### Professional Development Residency

#### Application Form

# Deadline for return of application form: Saturday 20th October 2018 by 5pm

Interviews: W/c 5th November **2018**

Start date: By arrangement from 28th November

If you use a computer to complete this application form please retain this format.

**Please return a hard copy of your completed application form by post to the address listed below or SEND BY EMAIL to apply@londonprintstudio.org.uk**

**Please include a current CV with your application.**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
|  |  |
| Home telephone |  |
| Mobile |  |
| Email |  |
| Place applied for | Professional Development Residency |

LPS%20address%20cmyk

**Please complete the following questions.**

Please refer your answers to the residency programme outline in your answers.

|  |
| --- |
| **1. Please list details of your education and training (or equivalent experience) that are relevant to the residency:** |
|  |

|  |
| --- |
| **2. Please list details of current, recent employment or experience. Include details that relate to the residency programme:** |
|  |

|  |
| --- |
| **3. Details of any other relevant experience:** |
|  |

|  |
| --- |
| 4. Please explain why you think you are suitable for the residency programme: |
|  |

# Please provide details of two referees:

(One of whom should be a current or recent employer, lecturer or client with professional standing).

|  |  |
| --- | --- |
| **1.** Name |  |
| Address |  |
|  |  |
| Telephone |  |
| Mobile |  |
| Email |  |

|  |  |
| --- | --- |
| **2.** Name |  |
| Address |  |
|  |  |
| Telephone |  |
| Mobile |  |
| Email |  |

|  |  |
| --- | --- |
| Please state whether referees can be contacted before interview |  |
| Would you like to be informed before referees are contacted? |  |
| If offered the residency please indicate you preferred starting date |  |
| Where did you hear about the residency? |  |
| Please list details of whether you require a work permit or if you are otherwise subject to immigration control? | |
|  | |
|  | |
|  | |
| If you are disabled please state any access needs/ adaptations required to attend an interview or to carry out the work as described in the job description: | |
|  | |

## 

|  |  |
| --- | --- |
| Signed |  |
| Date |  |