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| **APPLICATION FORM**  For employees only as part of the restructure process  Please complete in full and email to: [gina.keohane@culturecoventry.com](mailto:gina.keohane@culturecoventry.com)  or complete and pass directly to Gina Keohane. |  |
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| **ROLE: Museum Assistant Grade Full Time 2** | |

**YOUR DETAILS**

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| --- | --- |
| First name(s): | Surname: |

**CURRENT ROLE**

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| --- |
| Role: |
| Summary of key responsibilities and achievements: |
| Reason for leaving/changing role: |

**SELECTION CRITERIA**

**Knowledge**

Please review the job description summary for the role and state in the box below, in no more than 800 words, how you can demonstrate the required knowledge for this role in the following key areas:

* Giving high quality customer experience as a point of contact within the exhibitions.
* Provide information on the exhibits to visitor enquiries.
* Support to colleagues within Culture Coventry.
* Able to solve problems effectively if incidents occur.

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**Competencies**

Within the Business Plan we have detailed three Values and three Attributes which are key to achieving our Vision and Aims, and we will be assessing all candidates against these throughout the selection process.

Please describe your answers to the following competency-based questions, in no more than 400 words per box.

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| --- | --- |
| **COLLABORATION** | As part of the role is to interact with visitors, how would you engage with visitors? |
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| --- | --- |
| **INNOVATION** | How would you provide visitors with a high level of customer service? |
|  | |
| **BUSINESS MINDED** | A clean and safe environment is provided in our galleries and exhibitions for visitors, how would you look at achieving this? |
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| We are happy to discuss any reasonable adjustments you may need as part of the selection process, however, in order to understand whether this is required, please answer the following question:   * Do you consider yourself to have a disability that you would like us to be aware of at this stage of the application process? YES/NO * If Yes, please state the nature of your disability:………………………………………………………. |
| I certify that to the best of my knowledge, the information given on this form is correct and true. I understand that this form will be reviewed as part of a full selection process to include interview performance against agreed selection criteria.  **Signature: Date:**  ***Please note: If you return this form by e-mail, we will take the email as your electronic signature confirming you have read, understood and agree with the above statement.*** |