

APPLICATION FORM

POST: Chief Operating Officer

CLOSING DATE: April 22nd 2022

INTERVIEWS:

Please complete all sections of this application using black ink or typescript. Please return completed application forms to Geoff Hine at geoff.hine@northernfellsgroup.org.uk

Late applications will not be considered. Candidates must outline clearly how their qualifications and experience meet both the essential and desirable requirements. All information given will be treated with the strictest confidence. Continuation sheets may be added if necessary.

1. PERSONAL DETAILS

Surname:	Telephone number (Home):
Forenames:	Telephone number (Mobile):
Postal Address:	E-mail Address:
Postcode:	

2. QUALIFICATIONS

Level (e.g. Degree/GCSE)	Subject/ name of course	Grade attained

3. EMPLOYMENT HISTORY (Please list chronologically, starting with current or last employer)

Name and Address of Employer and Nature of Business:	Dates of employment: From: To:	Job Title: Job Function/ Responsibilities:	Final Salary and Reason for Leaving

Details of trainii	ng courses attended and awards achieved, if appropriate:
	OR COMMUNITY WORK
Please give det	ails of any voluntary or community work that you have undertaken on an unpa
voluntary basis	

6. RELEVANT EXPERIENCE TO THIS POST

Please write up to 250 words to demonstrate your experience and skills in the following areas

Grant management and finance expertise
Knowledge and understanding of organisational development and management issues
within the context of the voluntary/community sector

Demonstrable leadership and management skills with ability to work well under pressure and to manage competing priorities
Experience of managing a team

Proven written and verbal communication skills (reports, position papers, policy responses, funding applications)			
REFERES Please list the details of two persons who are willing to provide references for you. One referee should be your current or most recent employer, the other maybe another employer or a person who knows you (but who is not a member of your family) and who is qualified to give an opinion about how you are suitable for the post. Please note that we will not contact your current employer for a reference unless and until we are prepared to offer the post to you.			
Name:	Name:		
Address:	Address:		
E-mail:	E-mail:		
Telephone No:	Telephone No:		
Relationship to you:	Relationship to you:		

Please list below any special requirements or reasonable adjustments if you are disabled that you may have if you are called to interview. 12. VERIFICATION OF INFORMATION I declare that all information which I have provided is correct. I understand that any false information given may result in a job offer being withdrawn or my employment terminated.

Date:

9. SPECIAL REQUIREMENTS

Signature: