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| **Application for Bishopbriggs Media Centre Administrator**  **Please return the completed form to:**  Company Secretary  Cue and Review Recording Service, Bishopbriggs Media Centre,  18 Crowhill Road, Bishopbriggs, Glasgow G64 1QY  alastairmcphee@cueandreview.com  0141-772-3976 (email preferred) |

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| **1. Details of the applicant** | | | | | | | | | | | | | |
| It is important that the Company Secretary is able to contact you if more information is required. Please give as much detail as possible*.* | | | | | | | | | | | | | |
| Mr  Ms  Mrs  Dr  Other: | | | | | | | | | |  | | | |
| Given name/s | | | | | | | | | | Surname | | | |
|  |  | | | |  |  | | | |  | | | |
| Occupation | | | | | | | | | | Date of Birth | | | |
|  |  | | | | | | | | |  | | |  |
| Postal address | | | | | |  | | | | | | | |
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| Town | |  | | | | City | | | | |  | Postcode |  |
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| Daytime telephone | | | |  | | |  | | Mobile | | | | |
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| Email address | | | | | |  | | | | | | | |
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| Do you have special needs for assistance with this application? | | | | | | | | | Yes  No (Tick one) | | | | |
| If yes, please specify: | | | | | | | | | | | | | |

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| **2 Detail your knowledge of Office 365 and Microsoft Teams, include any information on using these remotely and in a lone setting.** |
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| **3. What previous relevant experience do you have when dealing with Councils and utility companies and of maximising the use of limited resources.** |
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| **4. What skills/attributes do you have that would be relevant to the post** | | | | | | | | |
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| **5. Privacy and personal information protection notice** | | | | | | | | |
| •this information is voluntarily required to process your request and will not be used for any other purpose without seeking your consent, or as required by law;  •your personal information can be accessed and corrected at any time by contacting the Company Secretary. | | | | | | | | |
| **Applicant’s Signature/s** | | | | | | | | |
| I declare that to the best of my knowledge all particulars supplied by me are correct and completed. I understand that inaccurate or false statements may cause my application to be delayed or rescinded. | | | | | | | | |
| **Signature: ……… Date: …** | | | | | | | | |
| **Office Use Only** | | |  | | | | | |
| Date received |  |  | | |  |  |  |  |