

ULSTER HOSPITAL RADIO
APPLICATION FORM

SURNAME

ANY PREVIOUS SURNAME

CHRISTIAN NAME

ADDRESS

TELEPHONE NUMBER

DATE OF BIRTH

WHAT ARE YOUR MUSICAL INTERESTS?

WHAT QUALITIES DO YOU FEEL YOU CAN BRING TO THE STATION?

WHY DO YOU WANT TO JOIN HOSPITAL RADIO?

NAME & ADDRESS OF A REFEREE WHO HAS KNOWN YOU FOR AT LEAST THE LAST 2 YEARS AND IS NOT A MEMBER OF YOUR FAMILY.

ANY OTHER INFORMATION YOU FEEL MAY BE RELEVANT TO YOUR APPLICATION.

SIGNED

ULSTER HOSPITAL RADIO

CONFIDENTIAL

As during your time at the radio station you will be involved in an environment where you will come in to contact with children and young people under the age of 18, to comply with the child protection act you are required to complete this *form*.

All the information supplied will be in the strictest of confidence and only the person within the hospital administration, responsible for monitoring these forms will have access to this information.

Surname

Any previous surname

Christian Name

Date of birth

Address

Telephone Number

How long have you lived at this address? ... Years

If less than 2 years, give previous address

Have you ever been convicted of a criminal offence, or are you at present the subject of criminal Charges? Yes / No

If yes, please state below the nature and date(s) of the offence(s).

Has a court for a civil wrong such as an order made against you by a matrimonial or family court ever held you liable? Yes / No

(NB The disclosure of an offence may be no bar to appointment)

Signed

Date

Because of the nature of the work for which you are applying you are advised that under the provision of the Rehabilitation of Offenders (NJ) order 1978 as amended by the Rehabilitation of Offenders (Exceptions) (Amendment) Order (NJ) 1987 you should declare all convictions including spent convictions.

When completed please place in a sea led envelope, mark it confidential and for the attention of the hospital administrator.