



Tutor Application Form

Name _____

Address _____

Telephone number _____

Mobile Number _____

Email address _____

Preferred Location _____

How far are you prepared to travel each week?) _____

Specialised discipline Taught (*circle all that apply*): Musical Theatre/Classical Singing/Acting/1:1/Group Teaching/ Workshops/Speech and Drama/Singing/Comedy/Director/Young Children aged 7 and under

Professional Qualifications:

Little Voices is committed to safer recruitment practice and pre-employment checks will be undertaken before any appointment is confirmed. This post is subject to enhanced criminal records bureau disclosure. Little Voices is committed to safeguarding and promoting the welfare of children and young people and expects staff and volunteers to share this commitment.



Current Employment and Position held:

Teaching Experience: (please provide a full timeline)

Performing Arts Experience:

Other Qualifications or Anything you wish to tell us that you feel would enhance your Application:

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Do you have a current DBS Enhanced Check YES / NO *(please circle as appropriate)*

Is your DBS on the update service? YES / NO *(please circle as appropriate)*

Why do you want to work with us?

Any other information relevant to this application :

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Two Referees must be given, one must be a professional and the other a personal one but cannot be a member of the Applicant's direct family. Please ensure that references are recent and relevant.

Reference 1 (Professional)

Name _____

Address _____

_____ Telephone Number _____

Email
Address _____

Position/Profession _____

How long have they known the
Applicant? _____

Is this person a relation of the Applicant?
(if so please state how they are related) _____

Reference 2

Name _____

Address _____

_____ Telephone Number _____

Email
Address _____

Position/Profession _____

How long have they known the
Applicant? _____

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Is this person a relation of the Applicant?
(if so please state how they are related) _____

Would you be available to meet for an informal chat/interview in the next two weeks?

YES / NO

Please state which training dates you would prefer? _____

I understand that submission of this Application Form does not guarantee a role with Little Voices. All the information I have given is correct and I understand that it is subject to further checks. I understand that all referees will be contacted directly.

Signed _____

Printed _____ Date _____

Please tick here to allow us to hold your personal details on file (Data Protection Act) _____

Do you wish to teach only or are you also interested in running a Little Voices location as a Principal? We will pop you in touch with our Head Office

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