## Please return completed applications to:

Angelika Bogacka Camera Obscura and World of Illusions Castlehill Edinburgh EH1 2ND

Or email to: Angelika@camera-obscura.co.uk

## CAMERA OBSCURA & WORLD OF ILLUSIONS

Castlehill, Edinburgh, EHI 2ND www.camera-obscura.co.uk 0131 226 3709

E-mail: info@camera-obscura.co.uk www.camera-obscura.co.uk

JOB APPLICATION FORM					
Position:		Date:			
1. PERSONAL	DETAILS				
First Name:		Address:			
Last Name:					
Daytime No.:					
Evening No.:					
E-mail:					
2. AVAILABILI	TY: please note start and end dates of	your availability and any commitments			
(e.g. holidays	s)				
3. DETAILS OF	EDUCATION				
School / College / University		Qualifications Gained			

4. Do you have any other skills/qualifications which may be relevant to working at Camera Obscura and World of Illusions, especially language skills?							
5. PREVIOUS WORK EX	PERIENCE: please	e give details of positions held over	the last five years				
Employer	Dates	Brief Details of Duties	Reason for Leaving				
6. HOBBIES & INTERESTS: please tell us about your hobbies and interests							

3. Are there any other facts which you think will be useful to know when we consider your application?  3. Where did you see this post advertised?  10. REFERENCES: please provide all contact details of two referees (one of whom should be your present or most recent employer)  Referee 1  Referee 2  Name:  Occupation: Address:  Irel. No.:  Mobile No.: E-mail:  Do we have permission to contact your referees before  Yes	7. Briefly give reaso	ns why you would like to work at Came	ra Obscura & World of Illusio	ons
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