

# Application form for Project Co-ordinator

## Personal Information

- Name
- Address
- Mobile number
- Email
- Website
- Do you consider yourself to have a disability YES NO

If yes please tell us if there are any reasonable adjustments we can make to assist in your application, and any reasonable adjustments we can make to enable you to carry out the role of Project Co-ordinator

## Current Employer

- Employer
- Employer address
- Type of business / organisation

## **Employment History - Candidates are welcome to include volunteer positions**

1.
  - **Dates of employment**
  - **Name of employer & nature of business**
  
  - **Position held & brief details of duties**
  
2.
  - **Dates of employment**
  - **Name of employer & nature of business**
  
  - **Position held & brief details of duties**
  
3.
  - **Dates of employment**
  - **Name of employer & nature of business**
  
  - **Position held & brief details of duties**

## **Supporting Statement**

**1.** Please tell us about why you are applying for the role and your experience or involvement, as outlined in the person specification. Candidates will need to provide examples of how they meet all the essential criteria within their application to be invited for interview.

**2.** Please tell us about any experience (personal or professional) of visual arts and / or support for adults or young people with learning disabilities and / or experience of mental ill health.

Additional information can be attached in a separate document. Please do not send your c.v.

## References

Please give the names and contact details of two people who could provide a reference.

- **Name**
- **Position**
- **Organisation**
- **Address**

- **Telephone**
- **Email**

- **Name**
- **Position**
- **Organisation**
- **Address**

- **Telephone**
- **Email**

## Declaration

I declare to the best of my knowledge that the above information is correct. I declare that and I understand that misleading statements may be sufficient grounds for cancelling any agreements made.

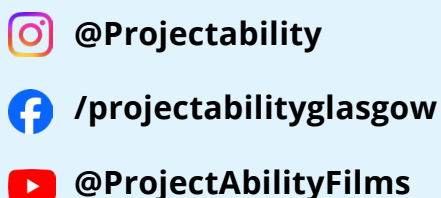
- **Signature**
- **Date**

## Next step

Please return this completed form to –

- Elisabeth Gibson  
Executive Director  
Project Ability  
Trongate 103  
Glasgow, G1 5HD
- [director@project-ability.co.uk](mailto:director@project-ability.co.uk)

**Closing date 16 March 2026 at 12 noon**



Project Ability, Trongate 103, Glasgow, G1 5HD  
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**[www.project-ability.co.uk](http://www.project-ability.co.uk)**

