



This form has **three parts**:

- You must fill out **Part 1** to provide the information we need to consider your application.
- We only need you to fill out **Part 2** for posts where we have to carry out additional screening procedures. **Complete only section B of Part 2 (section A has been removed).**
- **Part 3** is optional but if you fill it out it will help us to make sure that our equal opportunities policy works and that we are advertising in the right places. It will also give us some information that we will need if we employ you. We will separate this part from the rest of the form when we get it. We will not use it as part of the selection process.

If you are successful, we will keep this form and the attached documents. If you are unsuccessful, we will destroy it no later than twelve months from our decision not to employ you.

Position applied for	University Lecturer in Literacy Education (Primary)																						
Department	EDUCATION																						
Vacancy reference	JR14521	Closing Date	18 April 2012																				
Applicant reference (office use only)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																						

PART 1

PERSONAL DETAILS

Last name																					
First name(s)																					
Title	Mr / Mrs / Ms / Miss / Dr / Other:																				
Current address and postcode																					
Daytime telephone																					
Mobile telephone																					
E-mail address																					
Immigration status	Are you a British / European Economic Area Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'No', do you already have permission to seek new employment in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>																				
National Insurance number (where held).	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				

We offer this form in alternative formats which can be provided by the department to which you are applying.

REFERENCES

Please provide details of two/three people (not relatives or friends) who will each provide a work-related reference (the job advertisement should indicate whether you are required to submit two or three references). One of these referees must be your current or most recent employer. If you do not have a current or recent employer, please provide details of your lecturer/course tutor/unpaid work employer etc. For academic appointments, at least one of your referees should be external to the University.

First reference

Name	
Position	
Address	
Telephone number	
E-mail address	
Can we contact this referee before the interview?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Second reference

Name	
Position	
Address	
Telephone number	
E-mail address	
Can we contact this referee before the interview?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Third reference

Name	
Position	
Address	
Telephone number	
E-mail address	
Can we contact this referee before the interview?	Yes <input type="checkbox"/> No <input type="checkbox"/>

NOTICE PERIOD

If you are currently employed, how long is your notice period?	
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APPLICANT DECLARATION & DATA CONSENT

The information which you have provided in Part 1 of this form will be used to process your application. It will not be passed to third parties or used for other purposes, other than those stipulated in Parts 2 and 3 of the form. Security procedures are in place for protecting your data in accordance with the principles contained in the Data Protection Act 1998. Your details may be stored electronically in a password protected system and/or as paper copies in a secure cabinet. Please read the statements below and then sign and date to confirm your acceptance of them.

- I confirm that I have read and understood the information above.
- I confirm that the information I have given in this form, my CV and any other supporting documents is correct and complete.
- I understand that failure to disclose any relevant information or the provision of false information may lead to dismissal and subsequent termination of contract of employment.
- I understand that the University of Cambridge may carry out a verification process and may check all or any of the information provided on the application form, given in references and presented as proof of identity.
- I understand that an appointment, if offered, may be subject to a satisfactory medical examination and/or satisfactory completion of other pre-employment checks.
- If I have been required to submit Part 2 as part of the application process, I understand that the University of Cambridge will verify the information given in Part 2, which might include referral to an appropriate third party for purposes of security clearance.

Signature _____

Date _____

PART 2

Section B: for applications to posts working with children and vulnerable adults or to security-sensitive areas

If you are applying for a job in security-sensitive area or which involves working with children or vulnerable adults, you will normally be required to undergo a Criminal Records Bureau (CRB) check and/or register with the Independent Safeguarding Authority (ISA). Any sensitive information received by the University from you or an external agency during this process will be treated in confidence and will not be used unfairly against you.

If you are required to have a CRB check, the post you are applying for is exempt from the provisions of the Rehabilitation of Offenders Act 1974. This means that you must disclose all criminal convictions found against you (spent and unspent) and any pending hearings. If the role you are applying for involves the opportunity for contact with children and/or vulnerable adults or their sensitive records, you must inform us if you have been barred from working with either or both of these vulnerable groups.

The University promotes equality of opportunity for all, as stated in our Equal Opportunities policy, and the information which you disclose to us about any convictions, pending hearings and so on against you will not automatically prevent you from being appointed (unless required by law). Information that you disclose to us may be discussed with you further if you reach the short-list stage of the process.

If you fail to disclose information that is subsequently revealed by a CRB check and/or ISA registration process, this could result in any conditional offer of employment being withdrawn and/or your referral to the ISA. Any information disclosed to us by the CRB/ISA will be discussed with you.

Have you ever been (i) cautioned (ii) convicted of a criminal offence or (iii) do you have any hearings pending?	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'YES' please provide further information:
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If you are required to register with the ISA in order to be appointed in the post you are applying for, please indicate below if you are already registered.

Are you already registered with the ISA?	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'YES' please complete the following: My ISA registration number is: _____ I consent for the University of Cambridge to use this number to verify my ISA registration status on the ISA's online checking facility. Signature: _____ Date: _____
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Nationality

Which country defines your national identity?	Country: _____ <input type="checkbox"/> Prefer not to say
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Ethnic Origin

HESA tells us what categories we have to use when we collect ethnicity data. In addition, the Equality and Human Rights Commission recommends these categories. Our use of these categories does not mean that the University thinks that they are the most appropriate.

What is your background?	<p>White:</p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> White background – other</p> <p>Mixed:</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Mixed background – other</p> <p>Asian or Asian British:</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Asian background – other</p> <p>Black or Black British:</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Black background – other</p> <p>Chinese:</p> <p><input type="checkbox"/> Chinese</p> <p>Other ethnic group:</p> <p><input type="checkbox"/> Other ethnic group</p> <p>Prefer not to say:</p> <p><input type="checkbox"/> Prefer not to say</p>
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Disability

HESA tells us what categories we have to use when we collect disability data. Our use of these categories does not mean that the University thinks that they are the most appropriate.

Do you regard yourself as in any way disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
If yes, what is the nature of your disability?	<p>Please tick the appropriate box. If you experience more than one type of impairment, please tick the box next to all of the types that apply. If your disability does not fit any of these types, please tick other.</p> <input type="checkbox"/> Specific learning disability (such as dyslexia or dyspraxia) <input type="checkbox"/> General learning disability (such as Down's Syndrome) <input type="checkbox"/> Cognitive impairment (such as autistic spectrum disorder or resulting from head injury) <input type="checkbox"/> Long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy) <input type="checkbox"/> Mental health condition (such as depression or schizophrenia) <input type="checkbox"/> Physical impairment or mobility issues (such as difficulty using arms or using a wheelchair or crutches) <input type="checkbox"/> Deaf or serious hearing impairment <input type="checkbox"/> Blind or serious visual impairment <input type="checkbox"/> Other type of disability