



APPLICATION FOR EMPLOYMENT: ACADEMIC POSTS

Please note that by supplying the information requested on this application form and signing the declaration you are consenting under the Data Protection Act to the processing of this information for the purpose of the employment process.

Please take particular care when completing the application form as the information you provide will be subject to a verification process.

This form should be completed in black ink or typescript and returned to: The Human Resources Department, Leeds Trinity University, Brownberrie Lane, Horsforth, Leeds LS18 5HD.

Application for the post of:	* For Office Use Only Reference:
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Personal Details

Surname:		First Name(s):	
Home Address:		Address for Correspondence: (if different)	
Postcode:		Postcode:	
Telephone No (Home):	Telephone No (Mobile):	Telephone No (Work):	
Email address:		Are you entitled to work in the UK? Yes/No If applicable, please provide visa details below:	
Details of any criminal convictions:			
Note: Under the Rehabilitation of Offenders Act 1974, you are required to give details of any convictions which are not 'spent'. Failure to do so will render you liable to summary dismissal.			
Where did you see this vacancy advertised?			
If appointed when would you be able to take up the post?			
Please declare any family/personal relationships with any members of staff currently working at Leeds Trinity University.			
Name:		Relationship to you:	

Details of Higher Education

Reference:

Degrees, Diplomas and Postgraduate qualifications	Dates	Awarded by
Professional Qualifications	Dates	Awarded by

Employment Experience

Reference:

Summary of employment, commencing with the present or most recent

Date From/To	Employer	Position held, brief description of duties and reason for leaving	Salary

(Continue on additional sheet(s) as necessary)

Reference:

Publications and Research

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the user to write their publications and research details.

(Continue on additional sheet(s) as necessary)

References

Reference:

Please give the names and addresses of three referees, one of whom must be either the HR Department or the head of the organisation in which you currently work (or have most recently worked). References for shortlisted candidates will be taken up before interview unless a request is made to the contrary.

1	2	3
Name: Address: Phone: Fax: Email:	Name: Address: Phone: Fax: Email:	Name: Address: Phone: Fax: Email:
Position:	Position:	Position:
Can we approach this referee now? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can we approach this referee now? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can we approach this referee now? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please also include a letter of application identifying the particular strengths and experience which qualify you for this post.

Declaration

Please note that the information supplied on your application form and in your letter of application will be subject to a verification process. Qualifications and other information subsequently discovered to be false or misleading will invalidate an application and any appointment arising from it.

I confirm that the information given on this form is accurate.

Signature:

Date:

LEEDS TRINITY UNIVERSITY EQUAL OPPORTUNITIES MONITORING FORM

Leeds Trinity University has an Equality and Diversity Policy and welcomes applications from all sectors of the community. It is the aim of Leeds Trinity to ensure that no applicant or member of staff is disadvantaged or discriminated against either directly or indirectly. In order to ensure the effectiveness of this policy, information is collected from the applicant on the key factors which relate to equal opportunity in employment.

Neither the manner in which you respond to this request for information nor the answers you provide will have any bearing on the way in which your application for employment is considered; this form is treated separately from your application form. The information provided will be entered on a confidential database and will be released to other bodies such as Leeds Trinity's Equality and Diversity Committee and the Higher Education Statistics Agency (HESA) only in an anonymised statistical format. The categories below are mainly as defined within the HESA Staff Return.

<u>Post applied for:</u>		<u>Reference:</u>	
<u>Surname:</u>		<u>First name(s):</u>	
<u>Ethnic Origin</u> (Please tick the box which you consider most nearly describes your ethnic origin)			
White	<input type="checkbox"/>	Mixed - White and Black Caribbean	<input type="checkbox"/>
Gypsy or Traveller	<input type="checkbox"/>	Mixed – White and Black African	<input type="checkbox"/>
Asian or Asian British - Indian	<input type="checkbox"/>	Mixed – White and Asian	<input type="checkbox"/>
Asian or Asian British - Pakistani	<input type="checkbox"/>	Other Mixed background	<input type="checkbox"/>
Asian or Asian British - Bangladeshi	<input type="checkbox"/>	Arab	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Other Ethnic background	<input type="checkbox"/>
Other Asian background	<input type="checkbox"/>	Not known	<input type="checkbox"/>
Black or Black British - Caribbean	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Black or Black British - African	<input type="checkbox"/>		
Other Black background	<input type="checkbox"/>		
<u>Sex:</u>		<u>Sexual Orientation:</u>	
Female	<input type="checkbox"/>	Heterosexual or straight	<input type="checkbox"/>
Male	<input type="checkbox"/>	Gay Man	<input type="checkbox"/>
Is your current gender the same as the one assigned at birth?		Gay Woman / Lesbian	<input type="checkbox"/>
Yes	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>
No	<input type="checkbox"/>	Other	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
<u>Marital Status:</u>		Divorced	
Single	<input type="checkbox"/>	Widowed	
Married	<input type="checkbox"/>	Separated	
Civil Partnership	<input type="checkbox"/>	Prefer not to say	

Disability

*Under the Equality Act 2010, a person has a disability "if they have a physical or mental impairment, and the impairment has a **substantial** and **long-term** adverse effect on his or her ability to carry out normal day-to-day activities'. 'Substantial' is defined by the Act as 'more than minor or trivial'.*

An impairment is considered to have a long-term effect if:

- it has lasted for at least 12 months
- it is likely to last for at least 12 months, or
- it is likely to last for the rest of the life of the person"

Do you have a disability?

Yes

No

Prefer not to say

If 'Yes' please tick the relevant box(s) below:

Two or more impairments and/or disabling medical conditions

A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D

General learning disability (such as Down's syndrome)

A social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder

A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy

A mental health condition, such as depression, schizophrenia or anxiety disorder

A physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches

Deaf or serious hearing impairment

Blind or a serious visual impairment uncorrected by glasses

A disability, impairment or medical condition that is not listed above

Religion or belief (please specify):

No religion

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

Spiritual

Any other religion or belief

Prefer not to say

Nationality (please specify):

Date of Birth: