

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

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

Employment Experience

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)

Publications and Research

(Continue on additional sheet(s) as necessary)

References

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.

Name: Address: Phone: Fax: Email:	Name: Address: Phone: Fax: Email:	Name: Address: Phone: Fax: Email:
Position:	Position:	Position:
Can we approach this referee now? Yes No	Can we approach this referee now? Yes No	Can we approach this referee now? Yes 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>		Reference:
<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 Gypsy or Traveller Asian or Asian British - Indian Asian or Asian British - Pakistani Asian or Asian British - Bangladeshi Chinese Other Asian background Black or Black British - Caribbean Black or Black British - African Other Black background	Mixed - White and Black Caribbean Mixed – White and Black African Mixed – White and Asian Other Mixed background Arab Other Ethnic background Not known Prefer not to say	
<u>Sex:</u> Female Male Is your current gender the same as the one assigned at birth? Yes No Prefer not to say	<u>Sexual Orientation:</u> Heterosexual or straight Gay Man Gay Woman / Lesbian Bisexual Other Prefer not to say	

<p><u>Marital Status:</u></p> <p>Single Married Civil Partnership</p>	<p>Divorced Widowed Separated Prefer not to say</p>
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<p><u>Disability:</u></p> <p><i>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:</i></p> <ul style="list-style-type: none"> - 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" <p><u>Do you have a disability?</u></p> <p>Yes No Prefer not to say</p> <p><u>If 'Yes' please tick the relevant box(s) below:</u></p> <p>Two or more impairments and/or disabling medical conditions</p> <p>A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D</p> <p>General learning disability (such as Down's syndrome)</p> <p>A social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder</p> <p>A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy</p> <p>A mental health condition, such as depression, schizophrenia or anxiety disorder</p> <p>A physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches</p> <p>Deaf or serious hearing impairment</p> <p>Blind or a serious visual impairment uncorrected by glasses</p> <p>A disability, impairment or medical condition that is not listed above</p>	<p><u>Religion or belief (please specify):</u></p> <p>No religion Buddhist Christian Hindu Jewish Muslim Sikh Spiritual Any other religion or belief Prefer not to say</p> <hr/> <p><u>Nationality (please specify):</u></p> <hr/> <p><u>Date of Birth:</u></p>
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Reference:

Reference:

Reference:

Reference:

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