

EQUAL OPPORTUNITIES IN EMPLOYMENT

The University of Liverpool is an equal opportunities employer. We need to carry out equalities monitoring in order to meet our statutory obligations and to make sure our Human Resources processes are working to promote equality for all applicants and staff. Please help us do this by marking ALL appropriate boxes and returning this form to Human Resources (Recruitment), either with your Application Form or by itself if you have already applied.

Post applied for	
Department	Job Ref:
Closing Date	
Where did you see the post advertised?	

Equal Opportunities Monitoring Questions

1.	My Gender is	Male	Female	Other	2.	My date of (DD/MM/Y		
3	Is your Gender Identity the same as the gender you were originally assigned at birth?		Yes	No				

4 **Disability**: the Equality Act (2010) defines a disability as a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.

Please mark box below - X

No known disability	Physical impairment or mobility issues (such as difficulty using arms or using a wheelchair or crutches)
Specific learning disability (such as dyslexia or dyspraxia)	Deaf or serious hearing impairment
General learning disability (such as Down's syndrome)	Blind or serious visual impairment
Cognitive impairment (such as autistic spectrum disorder or resulting from head injury)	Mental health condition (such as depression or schizophrenia)
Long-standing illness or health condition (such as cancer, HIV, diabetes, or epilepsy)	Other type of disability

Guaranteed Interview Scheme

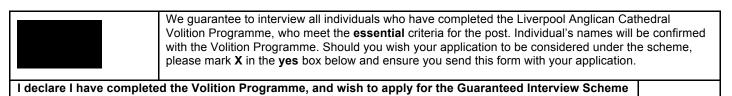


(Yes)

We guarantee to interview all disabled applicants who meet the **essential** criteria for the post and consider them on their abilities. As desirable criteria would not be applied, any false declaration of disability to obtain an interview may subsequently invalidate any offer of employment or contract of employment. Should you wish your application to be considered under the scheme, please mark **X** in the **yes** box below and ensure you send this form with your application

I declare I have a disability, as defined by the Equality Act above, and wish to apply for the Guaranteed Interview Scheme (Yes)

Volition Programme



CONFIDENTIAL

5 My Nationality is

6 **My Ethnic Origin is** (please mark one box only -X)

White	Black/African/Caribbean/British	Other ethnic group
English, Welsh, Scottish, British	Black or Black British - Caribbean	Arab
Irish	Black or Black British - African	Other Ethnic background
Gypsy or Traveller	Other Black background	Information refused
Any other white background		
Asian/Asian British	Mixed / Multiple ethnic group	
Asian or Asian British - Indian	Mixed - White and Black Caribbean	
Asian or Asian British - Pakistani	Mixed - White and Black African	
Asian or Asian British - Bangladeshi	Mixed - White and Asian	
Chinese	Other Mixed background	
Other Asian background		
7 What is your Religious Belief? (This is an	n optional question)	
No religion or belief	Muslim	
Christian	Sikh	
Buddhist	Any other religion or belief	
Hindu	Prefer not to say	
Jewish		
8 What is your Sexual Orientation? Sexual (This is an optional question).	Orientation means who you are emotionally att	racted to.
Straight / Heterosexual	Gay Man	
Gay Women / Lesbian	Bisexual	
Other	Prefer not to say	
Personal Details		
Surname / Family Name:		
First Names (in full):	Title ((Mr/Mrs/Dr/Prof etc)
Address:		
	Postcode:	
	y of Liverpool recording and using personal Diversity & Equality of Opportunities Policy	

Signed (type name) Date





Please return to Human Resources (Recruitment), The University of Liverpool, Hart Building, Mount Pleasant, Liverpool L3 5TQ E-MAIL: jobs@liv.ac.uk

Applications should comprise:

- This form with all sections completed in full
- A copy of your full curriculum vitae, including a list of publications where appropriate
- A **statement** indicating the reasons for applying for this post, and how your training and experience are relevant
- <u>Clinical Academic Consultant appointments only</u> (Medical & Dental); Documentary evidence to verify start date of first consultant appointment <u>and</u> any additional pay elements referred to in *Clinical Staff* section, overleaf).

Please use black ink or type POST DETAILS

Post Applied for	Job Ref:
Department	
Where did you see the post advertised ?	

PERSONAL DETAILS

Surname/Family Name		Title (Mr/Miss/Mrs/Ms/Dr/Prof etc.)
First names (in full)		
Address		
Postcode	Nationality	
Tel.: Home Work	E-mail (if any)	
Would you require a Certificate of Sponsorship to take up this appointment ? (If you are a Non-EEA National and do not require a Certificate of Sponsorship please indicate the reason why).		National Insurance No:

DETAILS OF PRESENT EMPLOYMENT

Name and Address of Present Employer	Position held	Start date in this employment
Current Salary	Period of Notice Required	

CONFIDENTIAL

CLINICAL STAFF ONLY (MEDICAL AND DENTAL):

GMC/GDC Number	National Training Number (if applicable)	Current NHS Increment Date (if applicable)	Consultants Only: Start date of first Consultant appointment	
Consultants Only; Details of other applicable pay elements. Eg; Additional Programmed Activities 'APAs' (Academic); APAs (Clinical); Clinical Excellence Awards (Local and National); Distinction Awards, Additional Points, etc. Please give full details;				
N.B. Documentary evidence must be appended to verify start date of first consultant appointment and any additional pay elements cited below.				
L				

OTHER PERSONAL DETAILS

Have you ever been convicted of a criminal offence? Yes No If 'yes' please attach details
You are not required to give details of a 'spent' conviction as provided by the Rehabilitation of Offenders Act
1974 unless the post is one that involves direct contact with children or vulnerable adults where we need to
know all convictions. Please refer to the Job Description of the post.
Are there any dates when you would not be available for interview? If yes, please give details Yes No

REFEREES

Please give the names and addresses of three people who have agreed to act as referees on your behalf, one of whom should be your present or most recent employer. Referees should not be related to you

NOTE: Unless indicated otherwise, we may contact your referees at an appropriate stage in the recruitment process

Name and Address		May this referee now be approached ?
1. Tel. No: In what capacity does this referee know you ? (eg employer, tutor, friend etc)	E-mail:	Yes No
2. Tel. No: In what capacity does this referee know you ? (eg employer, tutor, friend etc)	E-mail:	Yes No
 3. Tel. No: In what capacity does this referee know you ? (eg employer, tutor, friend etc) 	E-mail:	Yes No

DECLARATION

The information I have given on this form, and on any enclosures, is correct and I recognise that the University may terminate employment, without notice, should I knowingly mislead during the selection process

Data Protection : I agree to the University of Liverpool using personal data contained in this application, or other data which the University may obtain from me or other sources, for the purpose of dealing with my application for employment.

PLEASE PASTE A COPY OF YOUR STATEMENT AND CURRICULUM VITAE AND, IF APPROPRIATE, A LIST OF PUBLICATIONS, IN THE SPACE BELOW BEFORE SENDING THE APPLICATION BY POST OR BY E-MAIL TO THE ADDRESS AT THE TOP OF THE FORM.

ALTERNATIVELY YOU MAY ATTACH A SEPARATE CURRICULUM VITAE AND STATEMENT TO THIS FORM OR TO YOUR E-MAIL