

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

My Gender is	Male	Female	Oth	ner	2.	My date of (DD/MM/YY	birth is		
Is your Gender Identity the same as the gender yo assigned at birth?			nder you we	u were originally		Yes		No	
Disability : the E adverse effect or Please mark box	n a person's	2010) defines a di ability to carry ou				airment which	n has a subs	stantial and	l long-l
No known disability				Physical impairment or mobility issues (such as difficulty using arms or using a wheelchair or crutches)					
ecific learning disa spraxia)	ability (such	as dyslexia or		Deaf or ser	ious hea	ring impairme	ent		
General learning disability (such as Down's syndrome)			ome)	Blind or serious visual impairment					
gnitive impairmen order or resulting	from head ir	njury)		schizophrei	nia)	tion (such as	depression	or	
ng-standing illnes: ncer, HIV, diabete				Other type	of disabi	lity			
aranteed Intervi	ew Scheme								
the integral this	m on their a erview may s ur application s form with y	to interview all dis bilities. As desiral subsequently inva n to be considered our application	ble criteria walidate any o	vould not be app ffer of employm scheme, please	olied, an ent or co mark X	y false declar ontract of empling the intract of empline in the yes both	ation of disa ployment. S ox below and	ability to ob hould you d ensure yo	otain ai wish
eclare I have a d erview Scheme (defined by the E	Equality Act	t above, and w	ish to a	pply for the (Guaranteed	I	

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	7
Christian	Sikh	7
Buddhist	Any other religion or belief	
Hindu	Prefer not to say	1
Jewish		
8 What is your Sexual Orientation? Sexual (This is an optional question). Straight / Heterosexual	Orientation means who you are emotionally a	ttracted to.
Gay Women / Lesbian	Bisexual	4
Other	Prefer not to say	-
Cuter	Freier flot to say	
Personal Details		
Surname / Family Name:		
First Names (in full):	Title	(Mr/Mrs/Dr/Prof etc)
Address:		
	Postcode:	
Data Protection - I agree to the University the purpose of monitoring the University's		
Signed (type name)	Date	
	JE ABO,	











APPLICANT INFORMATION FORM FOR APPLICATIONS FOR ACADEMIC AND ACADEMIC-RELATED POSTS

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 F	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	E-mail (if any)		
Work			
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	

CLINICAL STAFF	ONLY (MEDICAL AND I	DENTAL):	
GMC/GDC Number	National Training Number (if applicable)	Current NHS Increment Date (if applicable)	Consultants Only: Start date of first Consultant appointment
		elements. Eg; Additional Programmed	
,	, , , , , , , , , , , , , , , , , , ,	te of first consultant appointment and a	
OTHER PERSONA	L DETAILS		
	convicted of a criminal offence	? Yes No If 'yes	s' please attach details
You are not required t	o give details of a 'spent' con	viction as provided by the Rehat	pilitation of Offenders Act
1974 unless the post		ntact with children or vulnerable	
Are there any dates w	hen you would not be availa	ble for interview? If yes, please g	give details Yes No
REFEREES Please give the names	and addresses of three neon	le who have agreed to act as ref	erees on your behalf, one of whom
should be your present	or most recent employer. Re	ferees should not be related to y	ou ·
NOTE: Unless indica process	ted otherwise, we may cont	act your referees at an approp	riate stage in the recruitment
Name and Address			May this referee now be approached?
1.			арргоаспеч :
			Yes
Tel. No:		mail:	No No
In what capacity does (eg employer, tutor, fri	this referee know you? iend etc)		
2.			
			Yes
Tel. No:		-mail:	No
In what capacity does (eg employer, tutor, fri	this referee know you? iend etc)		
3.			
			Yes
Tel. No:	E-	-mail:	No No
In what capacity does (eg employer, tutor, fri	this referee know you?		
	- · · · · · · · · · · · · · · · · · · ·		
DECLARATION The information I have give	n on this form, and on any enclosure	s is correct and I recognise that the Univ	versity may terminate employment, without
notice, should I knowingly n	nislead during the selection process	ersonal data contained in this application	
	irces, for the purpose of dealing with		, or other data willon the offiversity may

Signature (type name)....

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