



## Application form

Please note that boxes will grow as you type into them.

### Personal details

Post applied for \_\_\_\_\_

How did you learn of the vacancy? (please specify name of publication/website where appropriate)

Full name \_\_\_\_\_

Title (Mrs, Mr, Miss, other) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Home telephone number \_\_\_\_\_

Work telephone number \_\_\_\_\_

May we contact you at work? Yes/No

Mobile telephone number \_\_\_\_\_

Email address \_\_\_\_\_

May we contact you on this email? Yes/No

### Current employment details

Position \_\_\_\_\_

Name and address of employer \_\_\_\_\_

Employed from and to (dates) \_\_\_\_\_

Salary and benefits \_\_\_\_\_

Notice period required \_\_\_\_\_

Main responsibilities \_\_\_\_\_

Reasons for leaving \_\_\_\_\_



Please give details of any training received or memberships of professional bodies which you feel is relevant to your application.

### **Supporting statement**

You are invited to provide us with further relevant information in support of your application. Please provide details that demonstrate how you meet the selection criteria on the person specification.

## References

Please supply the name, address and telephone number of two referees (one must be your present, or most recent, employer and the other should be, where possible, a previous employer). Please also give the status of the referee (for example, line manager, personnel manager etc).

Name \_\_\_\_\_

Status \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Email \_\_\_\_\_

May we contact these people before interview? Yes/No

Name \_\_\_\_\_

Status \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Email \_\_\_\_\_

May we contact these people before interview? Yes/No

If no, please note that your referees may be approached after the interview, with your consent.

**Please ensure that you have fully completed all points of this application form, including the additional information and equal opportunities monitoring form.**

## Declaration

I declare that the information given on this form is, to the best of my knowledge, true and complete. I understand that any false statements may be sufficient cause for my rejection or, if employed, dismissal.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Our recruitment and selection procedures follow the data protection principles in accordance with the Data Protection Act 1998.

**Please return this form to: Human Resources, Quality Assurance Agency for Higher Education, Southgate House, Southgate Street, Gloucester GL1 1UB**

Please note that if you have not heard from us within four weeks of the closing date, your application has been unsuccessful on this occasion.

The Quality Assurance Agency for Higher Education. Registered charity numbers 1062746 and SC037786

## Confidential

# Additional information and equal opportunities monitoring form

## Policy

QAA is committed to the principle of equal opportunities in employment. The aim of the Equal Opportunity policy is to ensure that all employees are recruited, trained and promoted according to their ability to fulfil the requirements of their post. There will be no discrimination on the grounds of, for example, race, colour, creed, ethnic or national origins, nationality, disability, age, sex, sexual orientation, marital status or family responsibility in any matter relating to employment.

## Monitoring

QAA has adopted the recommendations of the Code of Practice published by the Equal Opportunities Commission and the Commission for Racial Equality (now the Equality and Human Rights Commission) that employers should regularly monitor the effects of selection decisions to assess whether equality of opportunity is being achieved. For this purpose you are asked to complete the form below. The information will be treated as strictly confidential and used, in an anonymous way, for statistical purposes only. The form will be removed from your application prior to shortlisting.

<b>Post applied for</b>	
<b>Date of birth</b>	

**I would describe my ethnic origin as:** (please put cross in appropriate box)

<input type="checkbox"/>	White - British
<input type="checkbox"/>	White - Irish
<input type="checkbox"/>	White - other
<input type="checkbox"/>	Mixed - white/black African
<input type="checkbox"/>	Mixed - white/black Caribbean
<input type="checkbox"/>	Mixed - white/Asian
<input type="checkbox"/>	Mixed - other
<input type="checkbox"/>	Asian/Asian British - Indian
<input type="checkbox"/>	Asian/Asian British - Pakistani
<input type="checkbox"/>	Asian/Asian British - other
<input type="checkbox"/>	Black/black British - Caribbean
<input type="checkbox"/>	Black/black British - African
<input type="checkbox"/>	Black/black British - other
<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Other ethnic group

**I am:** (please put cross in appropriate box)

Male

Female

**Are you disabled within the meaning of the Disability Discrimination Act?** (please put cross in appropriate box)

Yes

No

If yes, please state your disability

Are there any reasonable adjustments that would assist you in undertaking this role?

### **Additional information**

#### **General information**

Do you need approval through the requirements of the UK Border Agency to work in the UK? (delete as appropriate)	Yes/No
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#### **Convictions**

Have you ever been convicted of a criminal offence? (declarations subject to the <i>Rehabilitation of Offenders Act 1974</i> ) (delete as appropriate)	Yes/No
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If yes, please give details

#### **Please state your absences from work due to sickness over the past two years**

Number of periods absent due to sickness	
Total number of days	
Please explain any significant absences (that is, any absences of five days or more)	

Help us to ensure the effectiveness of our Equal Opportunity policy by completing this form.

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