

Genners Lane, Bartley Green, Birmingham B32 3NT

Email: recruitment@newman.ac.uk

Tel: 0121 476 1181

# **APPLICATION FOR EMPLOYMENT**

|  |  |
| --- | --- |
| **Application for the post of:** |  |
| **Post reference number:** |  |
| **Applicant’s full name:** |  |
| **Closing date for applications:** |  |

|  |
| --- |
| Please refer to the guidance below when completing this application form |
| To ensure a consistent approach with our recruitment procedure:* Candidates are requested to submit their application using this standard form to assist our processes and to ensure all applicants are assessed equally. CV’s are not accepted as part of the application process unless explicitly stated. Please note that application forms must be sent in a Microsoft Word format (PDF or scanned documents cannot be accepted).
* Applicants’ personal details in Part 1 will be detached prior to shortlisting.
* Please submit your form electronically
* Please ensure your application form is completed fully, including the University’s Equality & Diversity Monitoring form (which is detached from your application prior to shortlisting)

Completed application forms and Equality & Diversity Monitoring forms should be emailed to recruitment@newman.ac.uk by the advertised closing date |

###### PART 1

######

###### PERSONAL DETAILS *(The information detailed in Part 1 will not be used when shortlisting)*

|  |  |
| --- | --- |
| Title  |  |
| Surname |  |
| Forename(s) |  |
| Previous surname (if applicable) |  |
| Home Address |  |
| Post Code |  |
| Home Telephone No. |  |
| Business Telephone No. |  |
| Mobile Telephone No. |  |
| Email Address |  |

DISCLOSURE

If you are related to any employee of Newman University or to any member of the Board of Governors, please fill in the section below:

Name:

Relationship:

PART 2 EMPLOYMENT RECORD

**PRESENT / LAST POST**

|  |  |
| --- | --- |
| Position |  |
| Dates of employment |  |
| Name and address of employer |  |
| Post Code |  |
| Telephone number |  |
| Current/last salary |  |
| Notice period required |  |

**PREVIOUS EMPLOYMENT** (in chronological order)

|  |  |  |  |
| --- | --- | --- | --- |
| Position held | Name of Employer | Date from: | Date To: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*Please continue on a separate sheet if necessary*

PART 3 EDUCATION AND ACADEMIC QUALIFICATIONS

|  |  |
| --- | --- |
| Secondary School attended  |  |
| Date from and to: |  |
| Qualifications attained (including grades) |  |

|  |  |  |
| --- | --- | --- |
| Colleges/University attended | Date from | Date to |
|  |  |  |

|  |  |
| --- | --- |
| Degrees, Professional Training and Teaching Qualifications (including Class achieved) | Dates awarded |
|  |  |
| Please give details of qualifications for which you are currently studying | Expected completion date |
|  |  |
| Publications and Research (please list brief details excluding your name)  | Date Published |
|  |  |

*Please continue on a separate sheet if necessary*

PART 4 ADDITIONAL INFORMATION

Please (a) detail your reasons for applying for this post and (b) demonstrate how you meet the essential and desirable criteria detailed in the job specification, stating the skills and experience you would bring to this appointment.

|  |
| --- |
|  |

*Please continue on separate sheet if necessary*

**PART 5 DISCLOSURE & BARRING**

The Disclosure and Barring (DBS) service is used to assess the suitability of applicants for positions of trust. It is the policy of Newman University that all relevant appointments are subject to verification from the DBS service and it undertakes not to discriminate unfairly against any subject of a Disclosure on the basis of conviction or other information revealed. In accordance with the Rehabilitation of Offenders Act 1974 we require all applicants to disclose any 'unspent' criminal convictions.

Have you any 'unspent' criminal convictions? YES [ ]  NO [ ]  (Please tick as appropriate)

|  |
| --- |
| (If YES, please give details including dates) |

Further guidance can be found on <https://www.gov.uk/government/organisations/disclosure-and-barring-service>

PART 6 PLEASE ENSURE THIS SECTION IS COMPLETED

Do you have the permanent right to work in the UK? Yes ☐ No ☐

Will you require sponsorship to work in the UK, now or in the future? Yes ☐ No ☐

Are you an existing/current member of staff at Birmingham Newman University? Yes ☐ No ☐

PART 7 REFERENCES

It is our practice to obtain references as a condition of any offer of employment. Please give the name and address of two referees who we may approach and the capacity in which they are known to you. It is your responsibility to ensure that your referees are happy for you to provide us with their contact details. The referees named must be people who can comment authoritatively on you as a person and must include your current or most recent employer (or their representative). **References will only be requested when a verbal offer of employment has been made (after interview) and accepted.**

|  |  |  |
| --- | --- | --- |
|  | Referee 1 | Referee 2 |
| Name and full postal address |  |  |
| Post Code |  |  |
| Capacity known to you |  |  |
| Telephone No. |  |  |
| Email address |  |  |

**PART 8 General Data Protection Regulations: Privacy Notice**

Birmingham Newman University collects and processes your personal data in order to take steps at your request prior to entering into a contract and so that it can meet its statutory and legal obligations. For further information about how Birmingham Newman University processes and protects personal data of job applicants please refer to the [Privacy Notice for Applicants](https://www.newman.ac.uk/privacy-notices/#blueprint_5) available at [www.newman.ac.uk/privacy-notices/#blueprint\_5](http://www.newman.ac.uk/privacy-notices/#blueprint_5)

**PART 9 DECLARATION**

I confirm that the information on this form is correct and that any false statement may be sufficient cause for rejection, or if employed, may result in dismissal. I will produce evidence of qualifications declared in this application form. If offered an appointment, I agree to complete a medical questionnaire and undergo a medical examination if required. I understand that this information will be stored in manual and electronic files and is subject to the provisions of the General Data Protection Regulations.

Candidate’s signature (written or electronic): Date:

**Please return this completed form in a Microsoft Word format to** **recruitment@newman.ac.uk** **by the advertised closing date.**

**Please note, unfortunately we are unable to respond personally to each application that we receive. Therefore, if you have not heard from us within four weeks of the advertised closing date, please assume that you have not been shortlisted for interview on this occasion**

**We would like to take this opportunity to thank you for your interest in working with us, and to wish you every success for the future.**



**Equality and Diversity Monitoring Form**

Birmingham Newman University is committed to equality of opportunity in our recruitment processes. By completing this form, you will help us to ensure that our policies and procedures are effective in avoiding discrimination and promoting equality of opportunity. The information you supply on this form will be kept confidential and will not be sent to shortlisting or interview panel members. The answers you give will have no bearing on the outcome of your application. If any of the sections below are incomplete, the Human Resources Department will assume that you prefer not to provide this information. **Please enter details and/or tick the appropriate box as indicated in the sections below.**

**Post Details**

Post Reference Number: …………………………………. Post Applied For: ……………………………………………………………………………..

How did you learn of this vacancy?

☐ Birmingham Newman University Website ☐ jobs.ac.uk ☐ LinkedIn ☐ Find a Job (gov.uk)

☐ Other (please specify below):

 ………………………………………………………………………………………………….

**About you**

Title: ………………………….. Surname: …………………………………… Forename(s): ………………………………………………

DOB: ………………………….. Postcode: ………………………………….. Nationality: …………………………………………………

**Marital Status**

Are you currently? (Select all that apply)

☐ Co-habiting ☐ Widowed

☐ Married ☐ Other (specify, if you wish):

☐ Single ☐ Prefer not to say

☐ Civil partnership

**Ethnicity**

How would you describe your ethnicity or ethnic background?

☐White

☐ White Irish

☐ Other White Background

☐ Asian or Asian British - Indian

☐ Asian or Asian British - Pakistani

☐ Asian or Asian British - Bangladeshi

☐ 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

☐ Chinese

☐ Gypsy or Traveller

☐ Other Ethnic Background

☐ Not known

☐ Prefer not to say

**Gender**

Male ☐ Female ☐ Other ☐ Prefer not to say ☐

Is your gender identity the same gender you were assigned at birth?

Yes ☐ No ☐ Prefer not to say ☐

**Sexual Orientation**

How would you describe your sexual orientation?

☐ Bisexual ☐ Heterosexual ☐ Gay Man ☐ Gay Woman ☐ Other

☐ Prefer not to say

**Age**

Please indicate your age range:

|  |  |  |  |
| --- | --- | --- | --- |
| 16-21 | ☐ |  |  |
| 22-30 | ☐ |  |  |
| 31-40 | ☐ |  |  |
| 41-50 | ☐ |  |  |
| 51-60 | ☐ |  |  |
| 61-65 | ☐ |  |  |
| 65+ | ☐ |  |  |

**Disability**

Do you have a disability, impairment, health condition or learning difficulty?

Yes ☐ No ☐ Prefer not to say ☐

**If ‘Yes’ please tick all of the following that apply to you:**

|  |  |  |  |
| --- | --- | --- | --- |
| Physical impairment or a condition that affects mobility e.g., impairment requiring use of a wheelchair or affects arm movement | ☐ | Sensory impairment, e.g. blindness, serious visual impairment  | ☐ |
| Mental health condition such as depression or schizophrenia | ☐ | Sensory impairment, e.g. deaf, serious hearing impairment  | ☐ |
| Social, communication, cognitive impairment e.g. Asperger's, autistic spectrum or head injury  | ☐ | Specific learning difficulty, e.g., dyslexia, dyspraxia or ADHD | ☐ |
| Two or more impairments and/or disabling medical conditions | ☐ | Long-term illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy | ☐ |
| A disability, impairment or medical condition not listed. Please specify: | ☐ | General learning difficulty, e.g. Downs Syndrome | ☐ |
| Prefer not to say | ☐ |  |  |

How can we support you? In the box below, please tell us if there is any support or adjustments we can provide in relation to your disability, impairment, health condition or learning difficulty.

|  |
| --- |
|  |

**Pregnancy and Maternity**

Are you currently pregnant or have you been pregnant in the last calendar year?

☐ Yes ☐ No ☐ Prefer not to say

In the last 12 months, have you taken any of the following types of leave? (Select all that apply)

☐ Adoption leave ☐ Shared Parental Leave

☐ Maternity leave ☐ Parental Bereavement Leave

☐ Paternity leave ☐ Other (specify, if you wish) ……………………………………………………………….

**Religion and Belief**

What is your religion or belief? (Select all that apply)

☐ Christian ☐ Baha’i ☐ Sikhism

☐ Christian – Anglican/C of E ☐ Buddhism ☐ Spiritualism

☐ Christian - Methodist ☐ Hinduism ☐ Any other religion or belief

☐ Christian – Roman Catholic ☐ Islam (Muslim) ☐ No religion

☐ Christian – Baptist ☐ Jain ☐ Unknown

☐ Christian – Other Denomination ☐ Judaism ☐ Prefer not to say

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In signing this form you acknowledge and agree to the collection, storage and processing of the information you have provided for the purposes stated.

Signed: Date:

**Thank you for your time and assistance in completing this form.**