# https://staff.shu.ac.uk/marketing/Documents/SHU_MASTER_LOGO_215_229_72dpi.jpgApplication form

All applicants are required to complete the application form in full.

In addition to this application form, you will need to provide the University with your proof of your right to carry out this type of work in the UK (e.g. your passport)

This must be provided prior to any work being carried out.

Personal details

|  |  |  |  |
| --- | --- | --- | --- |
| Surname | Forenames | | Title |
| Address | | | |
| Postcode | Email | | |
| Main contact phone number | | Alternative number | |
| National Insurance number | |  | |

Education and qualifications (Secondary, further and higher education only is required) in chronological order

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Establishment | Qualification and subjects | Class of award | Awarding body | Date of award |
|  |  |  |  |  |
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|  |  |  |  |  |

Training courses

Please give details of any non-qualification training courses recently undertaken, relevant to the application

|  |  |  |
| --- | --- | --- |
| Date and duration | Title | Brief details |
|  |  |  |
|  |  |  |
|  |  |  |

Membership of learned/professional societies or professional associations/accreditations

|  |  |
| --- | --- |
| Name of professional society/association or accrediting body | Membership number (where applicable) |
|  |  |
|  |  |
|  |  |

**Employment**

Please state exact dates and, where applicable, hours per week for any part-time appointments.

Current/most recent employment

|  |
| --- |
| Post title(s) |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Employer name and address | Full-time or part-time | Date  From to | Salary and grade |
|  |  |  |  |

Is this employment through an agency?  YES NO

Previous employment

Please start with the most recent employment, including details of any relevant unpaid work.

|  |  |  |  |
| --- | --- | --- | --- |
| Employer name and post title(s) | Full-time or part-time | Date  From to | Salary and grade |
|  |  |  |  |
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# Role specific requirements

# ­As part of the application process, we ask that candidates tell us how they meet each point of the role specific requirements listed in the essential and desirable section of the job details section.

|  |
| --- |
| Role Specific Requirements |
|  |
|  |
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|  |

# References

**Any offer of appointment will be subject to the receipt of references which are satisfactory to Sheffield Hallam University.**

Please provide details of a minimum of three referees, one of which must be your current or most recent employer. Please use **BLOCK CAPITALS** and give all addresses in full with fax/email details if possible. Professorships are subject to four satisfactory professorial references and one current/most recent employment reference.

|  |
| --- |
|  YES NO |

References will be requested for successful candidates once you have received a conditional offer. Up to three references will be requested. Do you agree to us approaching your referees at that time?

Current/most recent employer

|  |  |
| --- | --- |
| Name | Position held |
| Company name, address and postcode | |
| Contact phone number | Email |

Additional referees

|  |  |
| --- | --- |
| Name | Position held |
| Company name, address and postcode | |
| Contact phone number | Email |

|  |  |
| --- | --- |
| Name | Position held |
| Company name, address and postcode | |
| Contact phone number | Email |

|  |  |
| --- | --- |
| Name | Position held |
| Company name, address and postcode | |
| Contact phone number | Email |

|  |  |
| --- | --- |
| Are you a European Economic Area / EU citizen? |  YES NO |
| If not, will you need a certificate of sponsorship to do this job? |  YES NO |
| Have you previously worked at Sheffield Hallam University? |  YES NO |
| If yes, what were the dates of employment?  from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| If stated on the advert, do you wish to be considered on a job share basis? |  YES NO |

Declaration

|  |
| --- |
| I declare that, to the best of my knowledge, the information given in this application is correct. I understand that deliberate omissions and incorrect statements could lead to my application being rejected or to my dismissal. |
| Signature |
| Date |
| If you are sending this form to the University by email then you should note that, in the absence of this signature, the emailing of this application constitutes your personal certification that the details are correct. |

# Equality and diversity monitoring

# Why do we ask for this information and how is it used?

To help us implement and monitor our commitment to equal opportunities, all workers are asked to give the following information. It is the University's policy to employ the most suitable candidate and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of any of the characteristics protected under the Equality Act 2010 (age, disability, race, sexual orientation, marriage or civil partnership, maternity and pregnancy, religion and belief, gender reassignment or sex).

**For the policy of equal opportunities to be effective, the University seeks to keep up-to-date information about all workers and job applicants. Please place this form in a sealed envelope marked for the attention of HR Directorate and return it with your other application documents to your engaging manager. This will ensure that the information you provide will not be seen or used by those involved in any selection processes.**

Required information to be completed by all applicants

|  |  |  |  |
| --- | --- | --- | --- |
| Post applied for | | Vacancy reference number | |
| **1** Full name | | | |
| **2** Title | | | |
| **3** Date of birth | | | |
| **4** Please tick as appropriate  Male  Female  Transgender | | | |
| **5** Nationality | | | |
| **6** Pleasetick the appropriate box to indicate your cultural background. | | | |
|  White British | |  Asian or Asian British - Bangladeshi | |
|  White Irish | |  Other Asian background | |
|  White Scottish | |  Chinese | |
|  Other white background | |  Mixed - White and Black Caribbean | |
|  Irish traveller | |  Mixed - White and Black African | |
|  Black or Black British - Caribbean | |  Mixed - White and Asian | |
|  Black or Black British - African | |  Other mixed background | |
|  Other black background | |  Other ethnic background | |
|  Asian or Asian British – Indian | |  Not known | |
|  Asian or Asian British - Pakistani | |  Prefer not to say | |
| **7** Gender reassignment – Are you currently undergoing, or have you previously undergone gender reassignment? | | | |
|  Yes  No  Prefer not to say | | | |
| **8** Marriage and civil partnership – What is your current legal marital or same-sex civil partnership status? | | | |
|  Never married and never registered same-sex civil partnership |  Separated, but still legally in a same-sex civil partnership |  Separated, but still legally married |  Formerly in a same-sex civil partnership which is now legally dissolved |
|  Divorced |  In a registered same-sex civil partnership |  Married |  Surviving partner from a same-sex civil partnership |
|  Widowed |  Prefer not to say |  |  |
| **9** Pregnancy and maternity – Are you currently pregnant or in a period of maternity leave (i.e. within 26 weeks after the birth)? | | | |
|  Yes  No  Prefer not to say | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **10** Disability – please consider the information below before answering this question. | | | |
| **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**. In order to ensure that people to whom this definition applies are treated fairly, it would be helpful if you could answer the following questions. | | | |
| Do you consider yourself to have a disability as defined above? | | If not, do you have any long-term health conditions or impairments that affect your everyday life | |
|  Yes  No  Prefer not to say | |  Yes  No  Prefer not to say | |
| Please tick which category you think best describes your condition and/or disability. | | | |
|  Specific learning disability (such as dyslexia or dyspraxia) | |  Mental health condition (such as depression or schizophrenia) | |
|  General Learning disability (such as Down's syndrome) | |  Physical impairment or mobility issues (such as difficulty using arms, using a wheelchair or crutches) | |
|  Cognitive impairment (such as autistic spectrum disorder  or resulting from head injury) | |  Deaf or serious hearing impairment | |
|  Long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy) | |  Blind or serious visual impairment | |
|  Other disability (please specify) | | | |
| **11** Religion – Which of the following religions, bodies or belief systems, if any, do you belong to or affiliate with? | | | |
|  Buddhism |  Judaism |  Christianity |  Sikhism |
|  Hinduism |  Islam |  None |  Prefer not to say |
|  Other religion (please specify) | | | |
| **12** Sexual orientation | | | |
|  Bisexual | |  Heterosexual | |
|  Gay or lesbian | |  Prefer not to say | |
|  Other sexual orientation (please specify) | | | |
| **13** Are you related to any member of the University? | | | |
|  Yes | |  No | |
| If yes please give name and relationship | | | |
| **14** Have you ever been convicted of an offence which is not regarded as ‘spent’ under the Rehabilitation of Offenders Act 1974  (as amended)? Tick as appropriate | | | |
|  Yes | |  No | |
| Applicants will be judged on their ability to do the post applied for and convictions will only be taken into account if they are relevant to that type of work. Information about the Rehabilitation of Offenders Act 1974 can be obtained from your local probation office. | | | |
| **15** Please state how you first became aware of this vacancy? | | | |
| I confirm that this information is correct and I give my consent for the University to record and process this information for the purposes stated. | | | |
| Signed | | Date | |