



**Education and Qualifications Obtained** Please [click here](#) and refer to separate sheet for more information

**Qualifications to be obtained** Please [click here](#) and refer to separate sheet for more information

**Present or most recent employment**

Name and address of employer

Position(s)

Date from

Date to

Current Salary

Period of notice required by present employer

Brief description of duties

**Previous employment** *(in chronological order)*

Name of Employer

Position

Dates

**Any other information** Please [click here](#) and refer to separate sheet for more information

Dates I am not available for interview:

I confirm that the information provided on this form is correct and understand that any mis-representation or omission may render me liable to summary dismissal if engaged. I understand that the information will be stored in manual and electronic files and is subject to the provisions of the Data Protection Act. I agree to information provided on this form being used by the University in accordance with the Act, and, in particular, for equal opportunities monitoring. I understand that, if offered an appointment, I may be asked to complete a medical questionnaire and I agree to undergo a medical examination if required.

*Signature*

*Date*

Please [click here](#) and refer to separate sheet for more information

Please state:

1 Your sex

Female

Male

2 Your nationality or citizenship

3 Your ethnic origin or racial group (put a mark in the box you choose)

White

British

Irish

Any other white

Mixed

White/Black Caribbean

White/Black African

White and Asian

Any other mixed background

Asian or Asian British

Indian

Bangladeshi

Pakistani

Any other Asian background

Black or British

Caribbean

African

Any other Black background

Chinese or other Ethnic group

Chinese

Any other Ethnic group

4 Do you consider yourself to have a disability?

Yes

No

5 Date of Birth