

PLEASE COMPLETE ALL SECTIONS OF THE APPLICATION FORM. A CURRICULUM VITAE AND OTHER RELEVANT INFORMATION WILL ONLY BE CONSIDERED ALONGSIDE THE COMPLETED FORM. PLEASE TYPE OR WRITE CLEARLY IN BLACK INK.

Post Applied for:		Date Application Received: (for office use only)
Application Number: (for office use only)		Vacancy Ref No:
Faculty/Directorate/School:		

How did you hear about this vacancy?	Tick the appropriate box
Internet	Print
<input type="checkbox"/> www.manchester.ac.uk	<input type="checkbox"/> MEN/Metro
<input type="checkbox"/> www.jobs.ac.uk	<input type="checkbox"/> Guardian
<input type="checkbox"/> www.fish4jobs.co.uk	<input type="checkbox"/> Nature
<input type="checkbox"/> www.newscientist.com	<input type="checkbox"/> New Scientist
<input type="checkbox"/> www.manchesteronline.co.uk	<input type="checkbox"/> BMJ/BDJ
<input type="checkbox"/> www.jobs.guardian.co.uk	<input type="checkbox"/> THES/TES
<input type="checkbox"/> Other Website	<input type="checkbox"/> Area News
Other	<input type="checkbox"/> Other Publication
<input type="checkbox"/> Job Centre	
<input type="checkbox"/> Word of Mouth	Please specify if not listed:
<input type="checkbox"/> Personal	

Personal Details		
Surname		
Forename(s) or other names		Title:
Address for correspondence		
		Postcode:
Telephone	Home:	Work:
E-mail address		
Other contact		
Fax		
GMC/GDC/PIN No. (for Medical school only)		

National Insurance No. (if known)			
Do you need a work permit to take up this appointment?	YES / NO	Are you a UK or EU/EEA national?	YES / NO
Please give details of any dates that you would not be available for interview:			

Education	Please continue on a separate sheet if necessary		
Secondary School	From	To	Qualification gained, subject, grade and date

Further, Higher and/or Professional Education	Qualifications Achieved		
College/University	From	To	Subject courses studied, level and grade

Professional Membership/Awards (include name of institution/organisation, grade of membership and date of award)

Vocational/Other Training Courses (include name of institution, nature of course and date)

Employment History	Present or most recent employment		
Name, Address and Telephone No of Employer	Date(s) employed	Salary and Review Date	Position(s) held
Outline of duties and responsibilities			
Notice period:			
Date and reason(s) for leaving (if appropriate)			

Former Employment	Please list in chronological order, with your most recent post first		
Name, Address and Telephone No of Employer	Dates(s) employed	Position(s) held and outline of duties and responsibilities	Reason for Leaving

Rehabilitation of offenders /CRB Checks	Details regarding criminal record(s) will be requested at the short listing stage of the recruitment and selection process. Posts with either standard or enhanced disclosure also require Criminal Records Bureau (CRB) checks before an appointment can be confirmed. A criminal record will not necessarily be a bar to obtaining a position.
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Additional supporting information

Any other relevant information:
For teaching or research posts applicants should attach a separate sheet(s) or CV setting out your teaching and research interests, publications, by title, reference and date of each publication.

For all other posts please state how previous and present experience enables you to satisfy each of the criteria on the person specification.
(continue on a separate sheet if necessary).

References - please tick the box below if you do not want your referee to be contacted prior to interview	Please supply the name and address of three persons for teaching, research and professional/managerial posts and two persons for all other posts from whom references may be requested. Referee 1 must be your current or most recent employer. The others must be from people who are able to comment on your aptitude for the post.	
Referee 1	Name	
	Position	
	Address	
	Tel	
Email		
Referee 2	Name	
	Position	
	Address	
	Tel	
Email		
Referee 3	Name	
	Position	
	Address	
	Tel	
Email		

I declare that the information contained in this application is correct to the best of my knowledge and understand that any false statement or omission may result in my application being withdrawn or my appointment being terminated. Any information provided will be stored in electronic and manual form and processed in accordance with the University of Manchester's registration under the Data Protection Act (1998). Initially this information will be used for all purposes relating to the selection process and may be disclosed to those members of the University who have a need to see it. For the successful candidate, the information will form part of the personal, confidential record. In the case of unsuccessful candidates, the data will be destroyed after six months.

Signature..... Date.....

Please return the completed application form to the name and address stated on the further particulars.

Vacancy reference:

Equal Opportunities Monitoring

The University of Manchester operates an Equality and Diversity Policy and is committed to ensuring that all appointments are made on merit. In order to help the University to monitor the effectiveness of this policy, all applicants for appointments are asked to complete this form.

The data given on this form will be used in accordance with the University's registration under the Data Controller within the meaning of the Data Protection Act 1998. It will be kept strictly confidential and used for statistical purposes only.

Please return with your completed application form. On receipt this form will be separated from your application form and will be kept separate from your application form. It will not be seen by the members of the short-listing or interviewing panel.

Surname/Family name:	
First/Personal name(s):	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: (Day/Month/Year)	
Is your gender identity different from your birth sex? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say	
Ethnic Group:	
<input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> Other White Background <input type="checkbox"/> Black or Black British – Caribbean <input type="checkbox"/> Black or Black British – African <input type="checkbox"/> Other Black Background <input type="checkbox"/> Asian or Asian British - Indian <input type="checkbox"/> Asian or Asian British - Pakistani <input type="checkbox"/> Asian or Asian British - Bangladeshi <input type="checkbox"/> Other Asian Background.....	<input type="checkbox"/> Mixed – White and Black Caribbean <input type="checkbox"/> Mixed – White and Black African <input type="checkbox"/> Mixed – White and Asian <input type="checkbox"/> Other Mixed Background <input type="checkbox"/> Chinese <input type="checkbox"/> Other Ethnic Background <input type="checkbox"/> Prefer not to say

Religion:

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- None
- Sikh
- Other
- Prefer not to say

Nationality:

Please state your nationality:.....

Sexual Orientation:

- Bisexual
- Gay man
- Gay woman/lesbian
- Heterosexual/straight
- Prefer not to say

Disability:

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.

- No known Disability
- Specific learning disability (such as dyslexia or dyspraxia)
- General learning disability (such as Down's syndrome)
- Cognitive impairment (such as autistic spectrum disorder or resulting from head injury).
- Long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy).
- Mental health condition (such as depression or schizophrenia).
- Physical impairment or mobility issues (such as difficulty using arms or using a wheelchair)

or crutches).

- Deaf or serious hearing impairment.
- Blind or serious visual impairment.
- Other type of disability.
- Prefer not to say

Caring Responsibilities:

Do you have caring responsibilities for any children under 16, an elderly or dependant adult?

- Yes (Please state).....
- No

