|  |  |
| --- | --- |
| **Post Details** |  |
| **Post Reference** |  |

**Personal Details**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname |  | | | | | | Title (eg Ms) | |  |
| First name(s) | |  | | | | Known As | |  | |
| Address |  | | | | | | | | |
|  | | | | | | | | | |
|  | | | | Postcode | |  | | | |
| Telephone (daytime) (evening) | | |  | | | | | | |
| Mobile | | |  | | | | | | |
| E-mail | | |  | | | | | | |
| Do you hold a full clean Driving Licence? | | | | | Click here to choose an item. | | | | |
| National Insurance Number | | | | |  | | | | |
| Where did you see this post advertised? | | | | |  | | | | |

**Immigration, Asylum & Nationality Act 2006**

The University will comply with the Immigration, Asylum and Nationality Act 2006, and will require all employees to provide documentary evidence of their legal right to work in this country **prior to commencing employment**. Failure to provide this evidence will delay your employment start date.

From the list below, please choose the relevant option to confirm which of these apply to you and, where you have current visa, please provide an expiry date.

|  |  |
| --- | --- |
| Please click the appropriate option | Click here to choose visa type. |
| If other please state |  |
| Expiry Date of Visa (If applicable) |  |

**Internal Relations**

|  |  |  |  |
| --- | --- | --- | --- |
| **Are you related to a member of staff or a student of Liverpool Hope University?** | | | Choose option. |
| **If yes please give details** | **Name** |  | |
| **Job Title / Course** |  | |

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**Equal Opportunities Monitoring Form**

Liverpool Hope University is an Equal Opportunity Employer. The aim of the University’s policy is to provide equal opportunity in the fields of recruitment, training and promotion. For the policy to be effective, it is necessary to undertake detailed monitoring of all applications for posts.

Please note this form will be detached from your application and will be held in the personnel office. The information supplied will be dealt with in the strictest confidence and will be used for the purpose of monitoring.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | | **Ref No:** |  |
| **Post Details** |  | | | | | |
| **D.O.B** |  | **Gender** | | Click here to choose option. | | |
| **Is your gender identity the same as the gender you were assigned at birth?** | | | | Click here to choose option. | | |
| **Ethnic Origin** | | | | Click here to choose option. | | |
| **If other ethnic origin please specify** | | |  | | | |
| **Please State Nationality** | | |  | | | |
| **Marital or Civil Partnership Status** | | | Click here to choose option. | | | |
| **Sexual Orientation** | | | Click here to choose option. | | | |
| **Religion or Belief** | | | Click here to choose option. | | | |
| **If other religion or belief please specify** | | |  | | | |

**Health**

Should you be successful in your application a satisfactory Health Assessment by the University Occupational Health Unit is a pre-condition of employment.

**Rehabilitation of Offenders Act1974**

Do you have any convictions, cautions, reprimands or final warnings that are not ‘protected’ as defined by the Rehabilitation of Offender Act 1974 (Exceptions) Order 1975 (as amended in 2013)?

|  |
| --- |
| Click here to choose option. |

If yes, please attach details to the back of this form. You are not required to give details of a ‘spent conviction’ as produced by the Rehabilitation of Offenders Act 1974, unless the post is one that involves direct contact with children or vulnerable adults, where we need to know about all convictions. Please refer to the particulars of the post.

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**Disability**

Under the Equality Act 2010, a disability is defined as a physical or mental impairment that has a ‘substantial’ and ‘long term’ negative effect on a person’s ability to do normal activities day to day.

|  |  |  |
| --- | --- | --- |
| **Do you consider yourself to have a disability, impairment, health condition or learning difference?** | | Click here to choose option. |
| If yes, please give details |  | |
| Please indicate in the box below if there are any reasonable adjustments we need to consider making if you are invited to interview. | | |
|  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |  | **Date** |  |

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