

# Application Form



## Confidential

Please complete all sections

JOB DETAILS
Position Applied For: _____

PERSONAL DETAILS
Last Name: _____ Title: _____
First Name(s): _____
Address: _____ _____
_____ Post Code: _____
NI Number: _____

CONTACT DETAILS
Telephone Number: _____
Mobile Number: _____
Email Address: _____

PRESENT OR MOST RECENT EMPLOYER
Employers Name: _____
Position Held: _____
Address: _____ _____
_____ Post Code: _____
Telephone Number: _____ Fax Number: _____
Date Appointed: _____ Date Left: _____
Reasons for Leaving: _____ _____
_____ Salary: _____

**EMPLOYMENT HISTORY**

Date		Name of Employer	Post Title	Reason for Leaving
From	To			

**FURTHER OR HIGHER EDUCATION**

Date		Name of University/College	Qualification	Subject	Grade/ Result
From	To				

**SECONDARY EDUCATION**

Date		Name of School/College	Qualification	Subject	Grade/ Result
From	To				

**MEMBERSHIP OF PROFESSIONAL BODY**

Date	Name of Professional Body	Class of Membership

**RELEVANT EXPERIENCE / REASONS FOR APPLYING**

A person profile is available online (or was included in the information sent to you by post/email) which details the knowledge, skills and attributes required for the position. In support of your application please give details along with examples, which demonstrate your knowledge, skills and attributes relevant to the person profile and explain how and where these were gained whether at or outside of work.

GENERAL DETAILS	
Are you currently eligible to work in the United Kingdom	<input type="checkbox"/> YES <input type="checkbox"/> NO*
Do you currently have an application for a visa/entry clearance with the UK Border Agency?	<input type="checkbox"/> YES <input type="checkbox"/> NO*
Have you previously applied for employment with the University?	<input type="checkbox"/> YES <input type="checkbox"/> NO*
If yes, please give details of post(s) and date(s)	_____
Are you related to a member of the University Staff?	<input type="checkbox"/> YES <input type="checkbox"/> NO*
If yes, please state who and nature of relationship	_____
Where did you see the advertisement?	_____
Do you hold a full UK driving licence?	<input type="checkbox"/> YES <input type="checkbox"/> NO*
Please delete as appropriate *	

DATA PROTECTION ACT 1998
I understand that my data will be processed by the University in accordance with the Data Protection Act 1998 and will be used for administrative purposes, including analysis for management information, statutory returns and benchmarking.

RETURNING APPLICATION FORM		
Email: <a href="mailto:recruitment@solent.ac.uk">recruitment@solent.ac.uk</a>		
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>For positions based in Southampton</b>            Human Resources,            East Park Terrace, Southampton, SO14 0YN         </td> <td style="width: 50%; vertical-align: top;"> <b>For positions based in Warsash</b>            Human Resources, Warsash Maritime Academy,            Newton Road, Warsash, SO31 9ZL         </td> </tr> </table>	<b>For positions based in Southampton</b> Human Resources, East Park Terrace, Southampton, SO14 0YN	<b>For positions based in Warsash</b> Human Resources, Warsash Maritime Academy, Newton Road, Warsash, SO31 9ZL
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DECLARATION
To the best of my knowledge and belief, the information contained in this form is accurate. I understand that giving false information, or failure to supply details, will invalidate an offer of employment, or lead to termination of employment.
Signature _____ Date _____

# Equal Opportunities Form



## Equal Opportunities Statement

Southampton Solent University aims to foster a community with a culture of mutual trust, fairness, harmony and respect devoid of hatred and intolerance. It is committed to the elimination of all forms of both direct and indirect discrimination, and will take appropriate action wherever possible to enforce its Equal Opportunity in Employment Policy.

The University implements policies to promote fair treatment and equality of opportunity for all present and potential students and staff, regardless of race, ethnic or national origin, gender, sexual orientation, age, political or religious beliefs, membership of professional associations or trade unions, disability, marital status, family responsibility and social class.

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EQUAL OPPORTUNITIES MONITORING			
First Name		Last Name	
Title		Gender	
Post Applied For			
Faculty/Service			
Date of Birth		Age	

ETHNIC ORIGIN			
<b>I consider my ethnic origin to be - please tick one</b>			
White British	<input type="checkbox"/>	Other White Background	<input type="checkbox"/>
White Irish	<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"/>	Chinese/Other Ethnic Background	<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"/>	Other Ethnic Background	<input type="checkbox"/>

DISABILITY	
<b>By not ticking one of the options you have confirmed that you do not have a disability</b>	
Declared Disabled	<input type="checkbox"/>
Information Refused	<input type="checkbox"/>
Deaf or Serious Hearing impairment	<input type="checkbox"/>
Blind or Serious Visual Impairment	<input type="checkbox"/>
Physical Impairment or Mobility Issues	<input type="checkbox"/>
Cognitive Impairment (e.g. Autistic Spectrum Disorder)	<input type="checkbox"/>
Long Standing Illness or Health Condition (e.g. Diabetes, Cancer)	<input type="checkbox"/>
Specific Learning Disability (e.g. Dyslexia)	<input type="checkbox"/>
General Learning Disability (e.g. Downs Syndrome)	<input type="checkbox"/>
Mental Health Condition (e.g. Depression)	<input type="checkbox"/>
Other Type of Disability	<input type="checkbox"/>

MARITAL STATUS			
Single	<input type="checkbox"/>	Married	<input type="checkbox"/>
Other	<input type="checkbox"/>		<input type="checkbox"/>

JOB SHARE			
<b>Are you interested in job share?</b>			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

CRIMINAL RECORDS BUREAU CHECK		
Have you ever been convicted of a criminal offence?	<input type="checkbox"/>	<input type="checkbox"/>
		YES    NO*
All posts are subject to Criminal Records Bureau check and are exempt from the Rehabilitation of Offenders Act 1974. Please give details on a separate sheet of paper		

**Thank you for completing this form.**



# Reference Form



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Please complete all sections

DETAILS	
Name:	_____
Position Applied For:	_____

REFEREE 1	
Contact Name:	_____
Position Held:	_____
Employer:	_____
Address:	_____ _____
	_____ Post Code: _____
Telephone Number:	_____ Fax Number: _____
Email Address:	_____

REFEREE 2	
Contact Name:	_____
Position Held:	_____
Employer:	_____
Address:	_____ _____
	_____ Post Code: _____
Telephone Number:	_____ Fax Number: _____
Email Address:	_____

NOTES
<p>Please give two employment referees, one of whom should be your present or latest employer. Referees must be appropriate to the post for which you are applying e.g. your line or departmental manager and should not be a member of your immediate family. References will only be taken up if you are successful.</p>