

STRICTLY CONFIDENTIAL

- NOTE:**
- All candidates should complete this form in **FULL**.
 - Use **BLACK** ink or type.
 - Attach to an up to date *Curriculum Vitae*.

Post applied for Job Ref.

How did you learn of the vacancy?

PERSONAL DETAILS

Surname Title

First Names Date of Birth

Full Address Telephone
Home
Work

E-mail

Do you need permission to work in the UK? Yes No

if YES, please give details

EMPLOYMENT HISTORY

CURRENT OR MOST RECENT EMPLOYMENT

Name and address of employer	Dates (From - To)	Post(s) held
<input type="text"/>	<input type="text"/>	<input type="text"/>

Current Salary

Notice period

HEALTH

1. On how many occasions have you been absent from work during the last two years due to illness?
Please state how many days you were absent each time and the reason

Reason for absence	Number of days absent	Approximate date (if known)
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. So far as you are aware are you suffering from (or have you in the past suffered from) any medical condition which may affect your ability to perform the duties of the post for which you are applying?

Yes No

If YES, please give details below

REFEREES

Please give the names and addresses of three referees, one of whom should be your present or most recent employer (people who know you well and who can comment on your ability to carry out the duties of this post, for example a previous employer or college tutor but NOT a relative/friend).

1. Name	<input type="text"/>	Tel	<input type="text"/>
Address	<input type="text"/>	Fax	<input type="text"/>
		E-mail	<input type="text"/>
		*Yes	<input type="checkbox"/> No <input type="checkbox"/>
2. Name	<input type="text"/>	Tel	<input type="text"/>
Address	<input type="text"/>	Fax	<input type="text"/>
		E-mail	<input type="text"/>
		*Yes	<input type="checkbox"/> No <input type="checkbox"/>
3. Name	<input type="text"/>	Tel	<input type="text"/>
Address	<input type="text"/>	Fax	<input type="text"/>
		E-mail	<input type="text"/>
		*Yes	<input type="checkbox"/> No <input type="checkbox"/>

**Please indicate whether or not we may contact this referee prior to interview.*

I hereby declare that the information given in this application is true to the best of my knowledge and belief and may be used for the purposes of processing my application. I understand that it is subject to the Data Protection Act 1998 and will be treated as confidential and not revealed to any unauthorised source.

Signed Date

Please note failure to disclose relevant details or a deliberate attempt to falsify information may lead to dismissal. Applicants should be aware that certain posts at QMUL may require a Basic, Standard or Enhanced Disclosure from the Criminal Records Bureau.

**Queen Mary, University of London is striving to be an Equal Opportunities Employer.
We welcome applications from all sections of the community.**

EQUAL OPPORTUNITIES
IN EMPLOYMENT
MONITORING FORM
(JOB APPLICANTS)



JOB REFERENCE NO.

Completion of this section is not compulsory. Any information supplied by you will remain confidential and will not be used for selection purposes.

PLEASE DO NOT SIGN THE FORM OR GIVE YOUR NAME.

Equal Opportunities Monitoring

NOTE TO ALL JOB APPLICANTS

Queen Mary, University of London confirms its commitment to a policy of equal opportunities in employment in which individuals are selected, trained, appraised, promoted and otherwise treated on the basis of their relevant merits and abilities and are given equal opportunities within the college.

To enable us to monitor the operation of this policy, it is necessary to collect relevant information from all job applicants and employees. We would appreciate it if you would answer the questions below as fully as possible.

IMPORTANT NOTE ON YOUR RIGHTS AND CONFIDENTIALITY

This section will be removed from your application form and the information given will not be used for the purpose of selection. The information obtained will be used for statistical monitoring, to give us a fuller picture of our recruitment pattern.

All personal data supplied to us on this form is subject to the provisions of the Data Protection Act 1998. It will be treated as confidential and will not be revealed to any unauthorised source.

Please mark with a tick the box(es) which most closely describe you.

1) Ethnic Background

A) White

British	<input type="checkbox"/>
English	<input type="checkbox"/>
Scottish	<input type="checkbox"/>
Welsh	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Other White Background	<input type="text"/>

B) Mixed

White & Black	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>
Other Mixed Background	<input type="text"/>

C) Asian

Asian British, Asian English
Asian Scottish, Asian Welsh, Asian Irish

Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Other Asian Background	<input type="text"/>

D) Black

Black British, Black English,
Black Scottish, Black Welsh, Black Irish

Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>
Other Black Background	<input type="text"/>

E) Chinese

Chinese British, Chinese English,
Chinese Scottish, Chinese Welsh, Chinese Irish

Chinese	<input type="checkbox"/>
Other Chinese Background	<input type="text"/>

F) Other Ethnic Origin

<input type="text"/>

2. Religion

No religion	<input type="checkbox"/>	Christian	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Muslim	<input type="checkbox"/>		
Other	<input type="text"/>		

3. Nationality

<input type="text"/>

4. Gender

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

5. Disability

Do you consider yourself disabled?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Nature of your disability

<input type="text"/>

6. Age

<input type="text"/>
