

**LEEDS TRINITY STUDENTS’ UNION APPLICATION FORM**

Please note that by supplying the information requested on this application form and signing the declaration you are consenting under the Data Protection Act to the processing of this information for the purpose of the employment process.

 *Please take particular care when completing the application form as the information you provide will be subject to a verification process. An Equal Opportunities Form which is optional and has no bearing on your application.*

This form should be completed in typescript and emailed to: LTSUHR@leedstrinity.ac.uk

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| Application for the post of:  | LTSU is a Disability Confident employer. If you identify as having a disability please tick here. Disabled candidates who meet the essential criteria will be invited to interview.

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**Personal Details**

|  |  |
| --- | --- |
| Surname:  | Forename:  |
| Home Address: Post code:  | Address for Correspondence:(if different)Post code:  |
| Preferred Contact Number(s):  |
| E-mail address:  | Are you entitled to work in the UK? Yes / No  If applicable please provide more details: |
| Details of any criminal convictions:*Note: Under the Rehabilitation of Offenders Act 1974, you are required to give details of any convictions which are not ‘spent’. Failure to do so will render you liable to summary dismissal.* |
| Where did you see this vacancy advertised?  |
| If appointed when would you be able to take up the post?  |
| Please declare any family/personal relationships with any current members of Leeds Trinity Students’ Union or Leeds Trinity University staff:  |
| Name:  |  | Relationship: |  |

**Details of Education**

|  |  |  |
| --- | --- | --- |
| Schools, College, Universities Attended | Dates | Qualifications |
|  |  |   |

**Professional and Occupational Training**

|  |  |  |
| --- | --- | --- |
| Training Establishment | Dates | Course and/or Qualification Gained |
|  |  |   |

**Employment Experience (including any relevant voluntary roles)**

|  |
| --- |
| Summary of Employment, commencing with most recent |
| Date from/to | Employer | Position held and brief description of duties and reason for leaving | Salary |
|  |  |  |  |

**Supporting Statement**

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| Please use the following space to outline how you meet the requirements of the role, paying close attention to the requirements in the person specification tested by application.  |
|  |

*Continue on additional sheet(s) as necessary.*

**References**

Please give the names and details of two referees, one of whom must be your current line manager or head of the organisation you currently work (or have most recently worked for). References for shortlisted candidates will be taken up before interview unless a request is made to the contrary.

|  |  |
| --- | --- |
| 1 | 2 |
| Name: Address: Phone: Email:  | Name: Address:Phone: Email :  |
| Position:  | Position: |
| Can we approach this referee now?Yes / no | Can we approach this referee now?Yes / no |

**Declaration**

***Please note that the information supplied on your application form may be subject to a verification process. Qualification and other information subsequently discovered to be false or misleading will invalidate an application and any appointment from it.***

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| --- |
| I confirm that the information given on this form is accurate. |
| Signature:  |  | Date: |  |