|  |  |
| --- | --- |
| Title:Surname: | Other names: |
| Address for correspondence: | Tel. (Daytime):Tel. (Evening):Email:May we contact you by telephone during the daytime?Yes No |
| Do you require permission to work in the UK?If yes, please give details: | Current notice period: |
| Where did you see this position advertised? |  |

 **EDUCATION AND PROFESSIONAL TRAINING RECORD**

(For degrees, please give institution, class, subject, and date)

|  |  |  |
| --- | --- | --- |
| Dates | Name of Institution | Qualifications gained |
|  |  |  |

**CURRENT POSITION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DateFrom: | DateTo: | Position  | Organisation / company | Salary | Reason for leaving |
|  |  |  |  |  |  |

**SUPPORTING STATEMENT**

|  |
| --- |
| The supporting statement should explain in **no more than 500 words** how you meet the selection criteria for the post using examples of your skills and experience. This may include experience gained in employment, education, or during career breaks |
|  |

**REFERENCES**

|  |
| --- |
| Please give the names and addresses of two people who will provide references. We are unable to accept personal references. |
| Name:Job Title:Relationship to you:Address:Telephone number:Email address: |
| PLEASE NOTE THAT THIS REFEREE SHOULD NORMALLY BE YOUR CURRENT EMPLOYER AND WILL NOT BE CONTACTED WITHOUT THE CANDIDATE’S PERMISSIONName:Job title: Relationship to you:Address:Telephone number:Email address: |

**ALL APPLICANTS MUST SIGN THE DECLARATION BELOW**

**Declaration**: The information provided in this application form and any supporting documentation (including the Diversity Declaration form) is true and complete. I understand that any offer of employment may be conditional upon satisfactory screening.

I agree that any deliberate omission, falsification or misrepresentation in the application form or supporting documentation will be grounds for rejecting this application or subsequent dismissal, if employed by the College. This also applies to any medical questionnaire/forms I may complete.

I consent to be contacted by the College at any date regarding my application.

I consent to the information given in this application form and accompanying supplements being stored and processed in accordance with the General Data Protection Regulations and related UK data protection legislation.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send this completed application form, together with your Curriculum Vitae, ideally in a PDF file, to **Poppy Moulis**, Worcester College, OX1 2HB, poppy.moulis@worc.ox.ac.uk by the closing date set out in the Further Particulars for the role. Your Diversity Declaration Form should be sent to the same e-mail address as a separate document, or posted to the above address.