The University of Liverpool is an equal opportunities employer. We need to carry out equalities monitoring in order to meet our statutory obligations and to make sure our Human Resources processes are working to promote equality for all applicants and staff. Please help us do this by marking ALL appropriate boxes and returning this form to Human Resources (Recruitment), either with your Application Form or by itself if you have already applied.

<table>
<thead>
<tr>
<th>Post applied for</th>
<th>Department</th>
<th>Job Ref:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Closing Date</th>
<th>Where did you see the post advertised?</th>
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<tbody>
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**Equal Opportunities Monitoring Questions**

1. **My Gender is**  
   - Male  
   - Female  
   - Other

2. **My date of birth is**  
   (DD/MM/YY)

3. Is your Gender Identity the same as the gender you were originally assigned at birth?  
   - Yes  
   - No

4. **Disability:** the Equality Act (2010) defines a disability as a physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities.

   Please mark box below - X

<table>
<thead>
<tr>
<th>No known disability</th>
<th>Physical impairment or mobility issues (such as difficulty using arms or using a wheelchair or crutches)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific learning disability (such as dyslexia or dyspraxia)</td>
<td>Deaf or serious hearing impairment</td>
</tr>
<tr>
<td>General learning disability (such as Down's syndrome)</td>
<td>Blind or serious visual impairment</td>
</tr>
<tr>
<td>Cognitive impairment (such as autistic spectrum disorder or resulting from head injury)</td>
<td>Mental health condition (such as depression or schizophrenia)</td>
</tr>
<tr>
<td>Long-standing illness or health condition (such as cancer, HIV, diabetes, or epilepsy)</td>
<td>Other type of disability</td>
</tr>
</tbody>
</table>

**Guaranteed Interview Scheme**

We guarantee to interview all disabled applicants who meet the essential criteria for the post and consider them on their abilities. As desirable criteria would not be applied, any false declaration of disability to obtain an interview may subsequently invalidate any offer of employment or contract of employment. Should you wish your application to be considered under the scheme, please mark X in the yes box below and ensure you send this form with your application.

I declare I have a disability, as defined by the Equality Act above, and wish to apply for the Guaranteed Interview Scheme (Yes)

5. **My Nationality is**

6. **My Ethnic Origin is** (please mark one box only – X)
## White
- English, Welsh, Scottish, British
- Irish
- Gypsy or Traveller
- Any other white background

## Black/African/Caribbean/British
- Black or Black British - Caribbean
- Black or Black British - African
- Other Black background

## Other ethnic group
- Arab
- Other Ethnic background
- Information refused

## Asian/Asian British
- Asian or Asian British - Indian
- Asian or Asian British - Pakistani
- Asian or Asian British - Bangladeshi
- Chinese
- Other Asian background

## Mixed / Multiple ethnic group
- Mixed - White and Black Caribbean
- Mixed - White and Black African
- Mixed - White and Asian
- Other Mixed background

7 **What is your Religious Belief?** (This is an optional question)

- No religion or belief
- Muslim
- Christian
- Sikh
- Buddhist
- Any other religion or belief
- Hindu
- Prefer not to say
- Jewish

8 **What is your Sexual Orientation?** Sexual Orientation means who you are emotionally attracted to.

(This is an optional question).

- Straight / Heterosexual
- Gay Man
- Gay Women / Lesbian
- Bisexual
- Other
- Prefer not to say

### Personal Details

**Surname / Family Name:** ........................................................................................................

**First Names (in full):** ........................................................................................................... Title (Mr/Mrs/Dr/Prof etc) ..............

**Address:**

..................................................................................................................................................

..................................................................................................................................................

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..................................................................................................................................................

Postcode: ........................................

### Data Protection - I agree to the University of Liverpool recording and using personal data contained in this form for the purpose of monitoring the University's Diversity & Equality of Opportunities Policy, and for statistical purposes.

Signed (type name) ................................................................................................................. Date ........................................
**APPLICANT INFORMATION FORM**

**FOR APPLICATIONS FOR ACADEMIC AND ACADEMIC-RELATED POSTS**

Please return to Human Resources (Recruitment),
The University of Liverpool, Hart Building, Mount Pleasant, Liverpool L3 5TQ
E-MAIL: jobs@liv.ac.uk

Applications should comprise:

- This form with all sections completed in full
- A copy of your full curriculum vitae, including a list of publications where appropriate
- A statement indicating the reasons for applying for this post, and how your training and experience are relevant
- Clinical Academic Consultant appointments only (Medical & Dental); Documentary evidence to verify start date of first consultant appointment and any additional pay elements referred to in Clinical Staff section, overleaf.

Please use black ink or type

**POST DETAILS**

<table>
<thead>
<tr>
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<th>Job Ref:</th>
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<tr>
<th>Department</th>
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</table>

Where did you see the post advertised?

**PERSONAL DETAILS**

<table>
<thead>
<tr>
<th>Surname/Family Name</th>
<th>Title (Mr/Miss/Mrs/Ms/Dr/Prof etc.)</th>
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<table>
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<tr>
<th>First names (in full)</th>
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<table>
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<tr>
<th>Address</th>
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<table>
<thead>
<tr>
<th>Postcode</th>
<th>Nationality</th>
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<table>
<thead>
<tr>
<th>Tel.: Home</th>
<th>E-mail (if any)</th>
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<table>
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<tr>
<th>Would you require a Certificate of Sponsorship to take up this appointment? (If you are a Non-EEA National and do not require a Certificate of Sponsorship please indicate the reason why).</th>
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<table>
<thead>
<tr>
<th>National Insurance No:</th>
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**DETAILS OF PRESENT EMPLOYMENT**

<table>
<thead>
<tr>
<th>Name and Address of Present Employer</th>
<th>Position held</th>
<th>Start date in this employment</th>
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<tr>
<th>Current Salary</th>
<th>Period of Notice Required</th>
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**CLINICAL STAFF ONLY (MEDICAL AND DENTAL):**
OTHER PERSONAL DETAILS
Have you ever been convicted of a criminal offence? Yes     No     If ‘yes’ please attach details

You are not required to give details of a ‘spent’ conviction as provided 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 all convictions. Please refer to the Job Description of the post.

Are there any dates when you would not be available for interview? If yes, please give details Yes     No

REFEREES
Please give the names and addresses of three people who have agreed to act as referees on your behalf, one of whom should be your present or most recent employer. Referees should not be related to you

NOTE: Unless indicated otherwise, we may contact your referees at an appropriate stage in the recruitment process

Name and Address                  May this referee now be approached ?

1.
Tel. No:                        E-mail:
In what capacity does this referee know you ?
(eg employer, tutor, friend etc)

2.
Tel. No:                        E-mail:
In what capacity does this referee know you ?
(eg employer, tutor, friend etc)

3.
Tel. No:                        E-mail:
In what capacity does this referee know you ?
(eg employer, tutor, friend etc)

DECLARATION
The information I have given on this form, and on any enclosures, is correct and I recognise that the University may terminate employment, without notice, should I knowingly mislead during the selection process

Data Protection : I agree to the University of Liverpool using personal data contained in this application, or other data which the University may obtain from me or other sources, for the purpose of dealing with my application for employment.

Signature (type name)........................................................................................................Date ____________________________

Nov 2014
PLEASE PASTE A COPY OF YOUR STATEMENT AND CURRICULUM VITAE AND, IF APPROPRIATE, A LIST OF PUBLICATIONS, IN THE SPACE BELOW BEFORE SENDING THE APPLICATION BY POST OR BY E-MAIL TO THE ADDRESS AT THE TOP OF THE FORM.

ALTERNATIVELY YOU MAY ATTACH A SEPARATE CURRICULUM VITAE AND STATEMENT TO THIS FORM OR TO YOUR E-MAIL