

Application for Employment Form

If you have a disability and you require to have this form or submit the information in another format e.g. in larger print or on audiotape, please contact us by writing or telephoning the Human Resources Department on 01223 334904 (or 335072).

Christ's College takes your privacy seriously. We will only use your personal information to process and administer your application. Christ's College processes and stores personal information in accordance with the Data Protection Act, and the College's Data Protection Policy can be found at <https://www.christs.cam.ac.uk/college-administrative-information-and-policy-documents>

The application form, rather than a curriculum vitae (CV), is preferred to ensure that information is presented in a standardised format and that only the details we require are provided. This ensures that all applicants are treated fairly and equally.

As the information contained on the form is used during the selection process, it is essential that you complete all sections as fully and accurately as possible. If there is not enough space provided on the form, please continue on a separate sheet of paper. On each additional sheet used, write your name and the post applied for, together with the section you are answering. If any section does not apply to you, please write N/A. If you are handwriting the form, please complete it using **black ink** and BLOCK CAPITALS.

Job Details

Job Applied For	
Where did you see the job advertised?	

Personal Details

Surname		Other Name(s)	
Address			
	Postcode		
Telephone Numbers: Day			
Business			
E-mail			

Current Employment

Current/Most Recent Employer	Employer Address	Job Title	Start and End Dates
Notice Required		Current Salary	
Main Duties and Responsibilities			
Reason(s) for Leaving			

<p>Have you previously worked, or applied to work, at Christ's College? Please circle:</p>	<p>[YES] [NO]</p>
<p>If yes, please give details including dates and position.</p>	

Employment History

Please summarise all positions held over the last 10 years, since completing your full-time education, starting with your most recent positions. If you have no employment record, include details of other work (e.g. voluntary work).

Please continue on a separate sheet if necessary.

Employer Name and Address	Job Title and Responsibilities	Start and End Date (month/year)	Salary on Leaving	Reason for Leaving

Personal Profile and Suitability for Employment

Please outline why you have applied for this vacancy and how you match the criteria for the job. What skills and knowledge specific to this role can you offer? (Please refer to the job description/person specification.)

Education and Professional Training

Formal academic and professional qualifications. Please include College and University education details:

Place of Learning	Qualifications and Grades Achieved	Subjects Studied
Other relevant training or qualifications (e.g. short courses, on-the-job training, etc.)		
Membership of professional/technical bodies		

If you are unsuccessful in your application for this role, do you wish to be considered for future opportunities in Christ's College that arise within three months of your application? Please circle:	[YES] [NO]
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Conflicts of Interest

Do you have any personal relationships with any current member of staff? (This might include immediate family, close relationships/friendships, close business, commercial or financial relationships.) Please circle:
[YES] [NO] If yes, please give details:

Legal Convictions

Have you any unspent convictions, cautions, reprimands, warnings or bind-overs? (Declaration Subject to the Rehabilitation of Offenders Act 1974)

Please circle:

[YES] [NO] If yes, please give details:

Please note that some positions at the College require us to undertake a DBS check at the time of job offer. Having a criminal record will not necessarily be a bar to obtaining a position with the College.

Eligibility for Employment in the UK

Are you a Settled Worker? (i.e do you have the permanent right to work in the UK – for example, as a British or EEA citizen)

[YES] [NO] If no, please provide details of your current eligibility to live and be employed in the UK:

General Information

Please give details of any existing holiday commitments.

References

No contact will be made with your referees without your express prior consent.

<i>No contact will be made with your referees without your express prior consent.</i>	
Current Employer	Previous Employer or College Tutor (if applicable)
Name	Name
Position	Position

Company/Organisation Name and Address	Company/Organisation Name and Address
Telephone Number	Telephone Number
Email Address	Email Address
Do we have permission to contact this referee before the interview? [YES] / [NO]	Do we have permission to contact this referee before the interview? [YES] / [NO]
Do we have permission to contact this referee following a verbal offer of employment to you? [YES] / [NO]	Do we have permission to contact this referee following a verbal offer of employment to you? [YES] / [NO]

Declaration	
<p>I confirm that the information that I have given in this application, including any supporting documentation, is correct and complete. I understand that misleading or false information, or failure to disclose any relevant information may be sufficient for cancelling any agreements made or subsequent contracts of employment.</p>	
Signature	Date

Thank you for your interest in employment at Christ's College. Please return this completed application form either by post or email, together with the equal opportunities monitoring form (completion of which is optional).

Address: Head of HR, Christ's College, St Andrew's Street, Cambridge, CB2 3BU

Main Telephone: 01223 334900

Email: jobs@christs.cam.ac.uk

Appendix Three: Christ's College Equal Opportunities Monitoring Form

Christ's College is an equal opportunities employer and is committed to treating all job applications on their merits. No applicant will be treated less favourably than another on the grounds of sex, gender reassignment, marital/civil partnership or parental status, race, ethnic or national origin, colour, disability, sexual orientation, religion, or age. Ability to perform the job is our primary consideration.

We would be most grateful if you would be willing to share this information with us; your decision to do so is entirely voluntary.

We will use the information collected from this form for statistical and monitoring purposes only so that we can ensure that our equal opportunities policy is applied. Your responses will be used to assess the College's progress towards its diversity and inclusion goals, identify areas that require improvement and help to develop targeted initiatives. Any statistical reports produced by the College will be anonymised and produced in such a way that individuals cannot be identified. We will record this personal information in our HR computer system and recruitment files. Only the HR Department will access these files and will treat it with the strictest confidentiality.

This part of the form will be separated from your application form when we receive it and will not be as part of the selection process or seen by the person undertaking the shortlisting.

Should you be successful and offered a position with the College, the information provided on this form will be transferred into the College's HR and payroll system to allow for easier analysis and for the purpose of monitoring as described above. The information will be added to your personal record on the system which can only be accessed by you and the HR team and can be changed by you at any time.

POSITION APPLIED FOR

PLEASE WRITE IN THE EMPTY BOX BELOW

NATIONALITY/NATIONALITIES

PLEASE WRITE IN THE EMPTY BOX BELOW

RELIGION – PLEASE TICK THE RELEVANT BOX

Buddhist	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Christian	<input type="checkbox"/>	No Religion	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Other Religion	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Muslim	<input type="checkbox"/>		<input type="checkbox"/>

AGE – PLEASE TICK THE RELEVANT BOX

Under 20	<input type="checkbox"/>	Under 60	<input type="checkbox"/>
Under 30	<input type="checkbox"/>	Under 70	<input type="checkbox"/>
Under 40	<input type="checkbox"/>	Under 80	<input type="checkbox"/>
Under 50	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

ETHNIC ORIGIN – PLEASE TICK THE RELEVANT BOX

Asian or Asian British – Indian	<input type="checkbox"/>	Mixed or Multiple Ethnic Groups – White and Asian	<input type="checkbox"/>
Asian or Asian British – Pakistani	<input type="checkbox"/>	Mixed or Multiple Ethnic Groups – Any other Mixed or Multiple Ethnic Background	<input type="checkbox"/>
Asian or Asian British – Bangladeshi	<input type="checkbox"/>	White – English, Welsh, Scottish, Northern Irish or British	<input type="checkbox"/>
Asian or Asian British – Chinese	<input type="checkbox"/>	White – Irish	<input type="checkbox"/>

Asian or Asian British – Any other Asian Background		White – Gypsy or Irish Traveller	
Black, Black British, Caribbean or African – Caribbean		White – Roma	
Black, Black British, Caribbean or African – African		White – Any other White Background	
Black, Black British, Caribbean or African – Any other Black, Black British or Caribbean background		Other Ethnic Group – Arab	
Mixed or Multiple Ethnic Groups – White and Black Caribbean		Other Ethnic Group – Any other Ethnic Group	
Mixed or Multiple Ethnic Groups – White and Black African		Prefer not to say	
MARITAL STATUS – PLEASE TICK THE RELEVANT BOX			
Civil Partnership		Single	
Divorced		Widowed	
Married		Prefer not to say	
SEXUAL ORIENTATION – PLEASE TICK THE RELEVANT BOX			
Heterosexual		Prefer not to say	
LGBTQ+			
GENDER – PLEASE TICK THE RELEVANT BOX			
Female		Other	
Male		Transgender	
Non-Binary		Prefer not to say	
DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY? PLEASE TICK THE RELEVANT BOX (The information in this form is for monitoring purposes only. If you believe you need reasonable adjustments, please provide details on the Application Form.)			
Yes		No	
Prefer not to say			
DO YOU CONSIDER YOURSELF TO BE NEURODIVERSE? PLEASE TICK THE RELEVANT BOX			
Yes		No	
Prefer not to say			
DO YOU HAVE CARING RESPONSIBILITIES? PLEASE TICK THE RELEVANT BOXES			
None		Primary Carer of an Older Person	
Primary Carer of a Child/Children (under 18)		Secondary Carer	
Primary Carer of a Disabled Adult (18 and over)		Prefer not to say	
Primary Carer of a Disabled Child/Children (under 18)			
COMMENTS			