

London College of Media
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West Midlands
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Applicant No.
Office Use Only



LONDON COLLEGE OF MEDIA STAFF APPLICATION FORM

PLEASE USE BLOCK LETTERS OR TYPESCRIPT AND RETURN TO THE LCM HUMAN RESOURCES DEPARTMENT AT THE ABOVE ADDRESS

London College of Media is committed to ensuring that every applicant is treated fairly, irrespective of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation (Protected Characteristics).

The personal details and equalities monitoring information that you give will be detached and retained confidentially for monitoring purposes. It will not be made available to the selection panel and does not form part of the selection process.

Please assist us by providing the equalities monitoring and support information requested below. However, if you do not wish to supply this information, you may indicate that you would prefer not to do so and this will not affect your application.

POST APPLIED FOR:

PERSONAL DETAILS

TITLE:		SURNAME:	
FORENAME(S):			
ADDRESS:			
POST CODE:			
DATE OF BIRTH:		NATIONAL INSURANCE NUMBER:	
EMAIL ADDRESS:		CURRENT DRIVING LICENCE: YES / NO	
CONTACT TELEPHONE NUMBERS:	HOME:		BUSINESS:
	MOBILE:		

ADVERTISEMENT SOURCE

Where did you learn of this vacancy?

EQUALITIES MONITORING AND SUPPORT INFORMATION

GENDER: Male Female Other Prefer not to say

Is your gender identity the same as the gender you were assigned at birth?
 Yes No Prefer not to say

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EQUALITIES MONITORING AND SUPPORT INFORMATION continued

<p>SEXUAL ORIENTATION:</p> <p>Bisexual <input type="checkbox"/></p> <p>Gay Man <input type="checkbox"/></p> <p>Gay Woman <input type="checkbox"/></p> <p>Heterosexual <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Prefer not to say <input type="checkbox"/></p>	<p>DEPENDANTS:</p> <p>Do you have any dependant(s)?</p> <p>Yes – under 16 <input type="checkbox"/></p> <p>Yes – other relatives / friends <input type="checkbox"/></p> <p>Yes – both young people and other relatives / friends <input type="checkbox"/></p> <p>No dependants <input type="checkbox"/></p> <p>Prefer not to say <input type="checkbox"/></p>
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Are you currently pregnant? Yes No Prefer not to say

Have you given birth within the past 26 weeks? Yes No Prefer not to say

NATIONALITY & ETHNIC ORIGIN:

<p>White Scottish <input type="checkbox"/></p> <p>White English <input type="checkbox"/></p> <p>White Welsh <input type="checkbox"/></p> <p>White Irish <input type="checkbox"/></p> <p>Any other white background <input type="checkbox"/></p> <p>Any mixed background <input type="checkbox"/></p> <p>Indian <input type="checkbox"/></p> <p>Pakistani <input type="checkbox"/></p> <p>Bangladeshi <input type="checkbox"/></p> <p>Chinese <input type="checkbox"/></p> <p>Any other Asian background <input type="checkbox"/></p>	<p>Caribbean <input type="checkbox"/></p> <p>Black African <input type="checkbox"/></p> <p>Any other black background <input type="checkbox"/></p> <p>Any other background <input type="checkbox"/></p> <p>Northern Irish <input type="checkbox"/></p> <p>British <input type="checkbox"/></p> <p>Gypsy / Traveller <input type="checkbox"/></p> <p>Polish <input type="checkbox"/></p> <p>Arab <input type="checkbox"/></p> <p>Prefer not to say <input type="checkbox"/></p>
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Nationality

RELIGION OR BELIEF:

<p>No religion <input type="checkbox"/></p> <p>Buddhist <input type="checkbox"/></p> <p>Christian – Church of Scotland <input type="checkbox"/></p> <p>Christian – Roman Catholic <input type="checkbox"/></p> <p>Christian – other denomination <input type="checkbox"/></p> <p>Hindu <input type="checkbox"/></p>	<p>Jewish <input type="checkbox"/></p> <p>Muslim <input type="checkbox"/></p> <p>Sikh <input type="checkbox"/></p> <p>Spiritual <input type="checkbox"/></p> <p>Any Other Religion or belief <input type="checkbox"/></p> <p>Prefer not to say <input type="checkbox"/></p>
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DISABILITY: *Please tick all boxes which apply to you*

No known disability	<input type="checkbox"/>	Mental health difficulties	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>	Unseen disability (eg diabetes, epilepsy)	<input type="checkbox"/>
Blind / partially sighted	<input type="checkbox"/>		
Deaf / hearing impairment	<input type="checkbox"/>		
Wheelchair user / mobility difficulties	<input type="checkbox"/>		
Personal care support	<input type="checkbox"/>		

If you are disabled, have you had the opportunity to discuss your needs? Yes No

Do you wish to discuss your needs with an appropriate member of staff? Yes No

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POST APPLIED FOR : _____

QUALIFICATIONS

SECONDARY EDUCATION

FROM: _____ TO: _____

QUALIFICATIONS GAINED

EXAMINING BODY (e.g. SEB/SCOTVEC)	SUBJECT / MODULE TITLE	INDICATE GRADE (e.g. ABC, 123 etc)				SCOTVEC MODULE (TICK BOX)	YEAR	TICK IF AWAITING RESULTS
		HIGHER	ORDINARY	STANDARD	OTHER			

FURTHER / VOCATIONAL / HIGHER EDUCATION

COLLEGE / UNIVERSITY	DATES		METHOD OF STUDY (Full / part-time)	QUALIFICATION OBTAINED, GRADE(S) & MAJOR SUBJECTS STUDIED	DATE AWARDED / AWAITED
	FROM	TO			

TEACHING QUALIFICATIONS

DATES	COLLEGE OF EDUCATION OR OTHER	QUALIFICATION GAINED

MEMBERSHIP OF PROFESSIONAL ASSOCIATION(S)

NAME OF ASSOCIATION	CURRENT STATUS	DATE AWARDED

INDUSTRIAL / COMMERCIAL PROFESSIONAL EXPERIENCE

CURRENT EMPLOYMENT (or most recent employment)

NAME & ADDRESS	POSITION HELD	DURATION
		From: To:
NATURE OF DUTIES	SALARY / WAGE	NOTICE REQUIRED
	£ Per week / year	REASON FOR LEAVING (if appropriate)

PREVIOUS EMPLOYMENT

Give details of all employment, including voluntary service and periods of unemployment.
Continue on a separate sheet if necessary.

EXACT DATE			FULL-TIME / PART-TIME (number of days / week)	EMPLOYER	JOB TITLE	BRIEF DUTIES OF POST	REASON FOR LEAVING
START	FINISH						
D M Y	D M Y						

PARTICULARS OF FORMAL TRAINING OR APPRENTICESHIP

DETAILS	DATE AWARDED

TO BE COMPLETED BY THOSE APPLYING FOR A TEACHING POSITION ONLY

TEACHING EXPERIENCE

EXACT DATE			SCHOOL, COLLEGE OR OTHER	POST	SUBJECT(S) TAUGHT
START		FINISH			
D	M	Y			

OTHER INFORMATION

REFEREES

Please give names, addresses and official positions of three referees, two of whom must have direct knowledge of your professional ability.
One of your referees must be your present or most recent employer.

Please tick the shaded box if you do not want the referee to be contacted prior to interview.

TITLE:	Mr/Mrs/Ms/Other (please specify)			
FORENAME:		SURNAME:		
ADDRESS:				
POST CODE:		OCCUPATION:		
TELEPHONE NO:		FAX NO:		
EMAIL ADDRESS:				

TITLE:	Mr/Mrs/Ms/Other (please specify)			
FORENAME:		SURNAME:		
ADDRESS:				
POST CODE:				
OCCUPATION:				
TELEPHONE NO:		FAX NO:		
EMAIL ADDRESS:				

TITLE:	Mr/Miss/Mrs/Ms/Dr/Other (please specify)			
FORENAME:		SURNAME:		
ADDRESS:				
POST CODE:				
OCCUPATION:				
TELEPHONE NO:		FAX NO:		
EMAIL ADDRESS:				

REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS) ORDER 2003

The Rehabilitation of Offenders Act 1974 (Exceptions) Order as amended applies to many posts with Midlands College Of Media. All staff will be required to join the Protecting Vulnerable Groups Scheme before their appointment can be confirmed. This is a criminal records check and is required for any successful candidate who will work in the College.

CANVASSING

Canvassing of Members of the Board of Management or employees of London College of Media, directly or indirectly in connection with any appointment shall disqualify the applicant.

ADDITIONAL INFORMATION IN SUPPORT OF APPLICATION

Please state how your experience, skills and training both inside and outside work make your application for this post particularly relevant.

Continued Overleaf

ADDITIONAL INFORMATION (Continued)

DECLARATION (Read Carefully)

I certify that all the information contained in this form is true and correct to the best of my knowledge. I realise that false information or omissions may lead to dismissal without notice.

The information contained in this form may be recorded on a computerised Personnel system and may be accessed by employees as per the Data Protection Act 1998.

Signature:

Date: