Widening Participation Unit Queens University Belfast Room 02.024 Student Guidance Centre Belfast BT7 1NN Tel: 028 9097 5020

E Mail: wpu@qub.ac.uk

## **Tutor Application Form 2013-14**

When completing the application form, please refer to the relevant job description and personal specification and provide relevant examples of how you meet the criteria for the post.

Please note that successful candidates are **self-employed** and work on a freelance basis. As such, tutors are responsible for their own Tax and National Insurance contributions. **Please also note that work cannot be guaranteed** as positions are based on the needs of individual students.

Completed applications to be submitted to the Widening Participation Unit as soon as possible

Name:

Date of Birth:					
Address:					
		Post (	Code:		
Telephone (Home):					
Telephone (Mobile)	:				
Email:					
Please indicate the s	subject(s) which you w	ish to tutor:			
Starting with the most recent first, please outline all relevant education/courses undertaken to date:					
Dates (from-to)	Institution Attended	Qualification & Subject	Grade/Level		

Dates (from-to)	Institution Attended	Qualification & Subject	Grade/Level

Beginning with your current or most recent employment, please provide details of relevant work experience (paid and voluntary):

Dates (from-to)	Employer	Job Title	Main Duties & Responsibilities

Availabilitv:						
Availability: Please indicate yo	our	V/c	NI (./)		V (./)	N (-Z)
Please indicate yo availability:		Y (√)	N (✓)		Y (√)	N (✓)
Please indicate yo vailability:	our Day	Y (√)	N (✓)	Evening	Y (<')	N (✓)
Please indicate yo availability: Monday		Y ( < )	N (✓)	Evening Evening	Y (<')	N (✓)
Please indicate yo availability: Monday Tuesday	Day	Y ( < )	N ( ′ )	_	Y (*/)	N (✓)
Please indicate your availability: Monday Tuesday Vednesday	Day Day Day	Y (~)	N ( ′ )	Evening Evening	Y (~)	N ( > )
Please indicate your president of the property	Day Day Day Day	Y (*/)	N ( ′ )	Evening  Evening  Evening	Y (~)	N ( * )
Please indicate your provided by the second	Day Day Day Day Day	Y ( < ')	N ( ′ )	Evening  Evening  Evening  Evening	Y (<')	N ( ✓ )
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Please indicate yo availability: Monday Tuesday	Day Day Day Day Day	Y (~)	N (*)	Evening  Evening  Evening  Evening	Y (✓)	N ( )
Please indicate your vailability:  Monday  Tuesday  Vednesday  Thursday  Triday  Saturday	Day Day Day Day Day Day	Y (~)	N (*)	Evening  Evening  Evening  Evening  Evening	Y (*/)	N ( )

## Referees:

Please supply the names of two referees, at least one of whom has knowledge of your recent work:

Name	Address	Email	Occupation		
Do we have permission	n to contact your referees	s prior to interview? VES	(doloto as		
appropriate)	Tio comact your referees	s phor to interview: TES	(uelete as		
Where did you hear	about this nost?				
where did you hear	about tills post:				
<u>Declaration</u>					
I confirm that, to the best of my knowledge, the information given on this form is correct.					
Signature:					
Dete					
Date:					
Discourse to the second	11 41 6	** * * * * * * * * * * * * * * * * * * *	D (1 1 1 1 1 1 1		

Please return this application form as soon as possible to: Widening Participation Unit, Queen's University Belfast, Room 02.024 Student Guidance Centre, Belfast BT7 1NN or <a href="mailto:wpu@qub.ac.uk">wpu@qub.ac.uk</a>

Please note, successful candidates will be required to submit to an Access NI check before taking up the post.