Application for Leeds Source-IT

Applications must be completed in black ink or type

UNIVERSITY OF LEEDS

Student Leeds Source-IT Consultant
School of Computing, Faculty of Engineering

1. PERSONAL DETAILS

Surname/Family Name: First Name(s): Title:

Address: Known as:

Tel No:

Postcode: Mobile No:

National Insurance Number: Email address:

Nationality: Immigration Status:

2. SKILLS PROFILE

Please complete this section as well as you can. It is useful in allocating projects to students:

Skill level descriptions:
0 Complete novice needs training
1 Can learn but will need some training first
2 Understands technology and can learn without training
3 Doesn't need training; has often carried out this or similar activity before

	Expertise	**Level 0**	**Level 1**	**Level 2**	**Level 3**
1.	Can program in Perl	☐	☐	☐	☐
2.	Can program in PHP	☐	☐	☐	☐
3.	Can program in Python	☐	☐	☐	☐
4.	Can program in Java	☐	☐	☐	☐
5.	Can program in Java Script	☐	☐	☐	☐
6.	Can program in C/C++	☐	☐	☐	☐
7.	Can program in C#	☐	☐	☐	☐
8.	Understands SQL query language	☐	☐	☐	☐
	Competencies				
9.	Can configure a PC to connect to a network	☐	☐	☐	☐
10.	Can install and configure a Windows server	☐	☐	☐	☐
11.	Can install and configure a LINUX server	☐	☐	☐	☐
12.	Can install software and understand dependencies	☐	☐	☐	☐
13.	Understands file permissions and access privileges	☐	☐	☐	☐
14.	Understands the use of protocols such as FTP,SSH or telnet	☐	☐	☐	☐
15.	Can use Adobe Photoshop, GIMP or similar	☐	☐	☐	☐
16.	Can design and create web pages	☐	☐	☐	☐
	Other (please state or provide in section 3)				
17.		☐	☐	☐	☐

3. SKILLS, CONTINUING PROFESSIONAL DEVELOPMENT AND TRAINING

Please list any additional training or competencies that you would like us to consider in support of your application:

4. REFEREES

Please give the name and contact details of **2** people who have agreed to act as referees on your behalf, one of whom must be your present or most recent employer. The University treats all references confidentially.

Name:

Telephone No: Email:

Relationship to you:

Name:

Telephone No: Email:

Relationship to you:

CRIMINAL RECORD

In most cases a spent criminal record need not be declared, however, certain posts are exempt from the Rehabilitation of Offenders Act 1974 and even a spent criminal record must be disclosed. Whether the post for which you are applying for is exempt or not will be indicated in the additional information sent to you with this form.

If you have an unspent criminal record you must always declare it (please continue on a separate sheet if required). If you have a criminal record which is spent but it has been indicated to you within the vacancy information that the post for which you are applying is covered by an exception you must disclose any spent offences.

The successful applicant for any post exempt from the Rehabilitation of Offenders Act 1974 will be required to give consent for the University to check your criminal record status through independent verification (eg. Criminal Records Board). Information will be kept in strict confidence. Your offer of employment will be subject to the University being satisfied with the outcome of these checks.

Have you any criminal convictions? Yes / No

If yes, please send details of the conviction stating your name and the reference number of the post you are applying for in a sealed envelope to:

The Recruitment Officer
Leeds Source-IT
Level 9, EC Stoner Building
University of Leeds LS2 9JT

5. HEALTH

As a result of the information you give, you agree you may be referred to the University Occupational Health Centre so that further enquiries can be pursued.

I enjoy good health and am not aware of having any medical condition that might give rise to a health problem in the future or may affect my work.

Signed: Date:

If you are not able to sign the above statement, please provide further details about your state of health.

Signed: Date:

6. DECLARATION

I confirm the information provided above, and in any attachments, is correct and understand that any false statement could result in my application or appointment being terminated.

I have completed all sections 1-5

Signed: Date:

FOR OFFICE USE ONLY (Applicants should ignore this page)

A. SHORTLISTING STAGE (to be completed for all applicants)

Was the candidate shortlisted? **Yes / No.**
If no, please give reasons, with particular reference to the Person Specification

B. SELECTION STAGE (to be completed for all shortlisted candidates)

Was the candidate offered the post? **Yes / No**
If no, please give reasons, with particular reference to the Person Specification.

C. APPOINTMENT

To be completed for the successful candidate if funded by departmental accounts. If funded by Research Award, please complete the appropriate form (available from HR).

Proof of right to work:

Job Reference No:

Funding Account No:

Funding Confirmed by:

Email:

Start Date: End Date:

D. CONFIRMATION OF APPOINTMENT

Signed: Print:
(Dean/Head of School/Service or Nominee)

Date:

E. OFFICE CHECKLIST

Proof of right to work e.g. Passport or Birth Certificate ☐ **Job Desciption and Person Specification attached** ☐

References attached ☐