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| A close up of a logo  Description automatically generated | | | **Human Resources**    **Appointment Form (RTA July 2024)** | | | | | | |
| **Title:** |  | | | | | | | | |
| **Forname(s):** |  | | | | | | | | |
| **Surname:** |  | | | | | | | | |
| **Contact Details** | | | | | | | | | |
| **Home Address:** |  | | | | | | | | |
|  | | | | | **Post Code:** | |  | |
| **Home Telephone:** | | | |  | | | | | |
| **Work Telephone:** | | | |  | | | | | |
| **Mobile:** | | | |  | | | | | |
| **Email Address:** | | | |  | | | | | |
| **Employment Details** | | | | | | | | | |
| *Please provide your employment details, covering the last five years* | | | | | | | | | |
| **Company name and Job Title** | | | | | | | **Employment Dates (from and to)** | | |
|  | | | | | | |  | | |
| **Qualifications** | | | | | | | | | |
| **Place of Learning** | | **Dates of Study** | | | **Subject** | | | **Qualification Level** | **Grade** |
|  | |  | | |  | | |  |  |
| **Membership of Professional Associations/Regulatory Bodies** | | | | | | | | | |
| *Please supply reference/membership number(s) as appropriate* | | | | | | | | | |
|  | |  | | |  | | |  |  |
| **Membership of the Higher Education Academy** | | | | | | | | | |
| *Please indicate your level of recognition with the Higher Education Academy, if applicable* | | | | | | | | | |
| Associate  Fellow  Senior Fellow  Not a member | | | | | | | | | |
| **Declaration** | | | | | | | | | |
| *I certify that all questions have been answered accurately and, for the purposes of current data legislation, agree that the information given may be recorded and processed by the University of Huddersfield for the purposes of HR/Employee Administration. I also specifically consent to the collection of details of any criminal convictions. I understand that any false information given on the form may render an offer of employment invalid and lead to termination of employment.* | | | | | | | | | |
| **Signature** | |  | | | | | | | |
| **Date** | |  | | | | | | | |