



UNIVERSITY OF
LIVERPOOL



Liverpool Student Associates Scheme

Personal Details	Term Time Address	Home Address
Surname:		
Forename(s):		
D.O.B:		
Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/>		
Phone No:		
Mobile Phone No:	Primary E-mail:	

Current Studies			
	Title of course	Current year of study	
HND		Year 1	
Foundation		Year 1	
BA / BSc		Year 1	
Other		Year 1	

University/College:	Student ID No:

Academic and Vocational Qualifications			
Exam	Year Taken	Subject	Grade
G.C.S.E. <i>(ONLY provide details of these subjects)</i>		English Mathematics Science Subject	
A Level			
Vocational			
Degree			

Did your parents / carer go into Higher Education? <i>(Click in appropriate box)</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Do you have use of a car? <i>(Click in appropriate box)</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Student Associates Scheme		
Phase	Age Range	Click ONE box to indicate preference for school placement
Primary	5 to 11 years	<input type="checkbox"/>
Secondary	11 to 16 years	<input type="checkbox"/>
State Secondary subject preference:		

Have you previously been involved in any Student Associates Schemes in Liverpool or elsewhere?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Provider:		Year Participated:	
Primary or Secondary:		Level:	

In no more than 150 words, please tell us what you hope to achieve through your involvement in this scheme. Include any key strengths, interests or previous involvement with children which would support your application.

How did you find out about the Student Associate Scheme? (Click in appropriate box)				
Careers <input type="checkbox"/>	Advertising <input type="checkbox"/>	Presentations <input type="checkbox"/>	E-mail <input type="checkbox"/>	Friend <input type="checkbox"/>
Other (please specify)				

Please provide details of an ACADEMIC referee whom we may contact	
Referee Name:	Referee Email Address:
Referee Position:	Referee Contact no:

IMPORTANT NOTICE

Criminal Records Bureau

The Student Associates Scheme is required to seek information on whether applicants have a criminal background that may prevent employment with children and young persons, and to ensure that they have not previously been excluded from teaching or working with children. This information will be treated as confidential and only used for the purposes of this Scheme.

At interview you will be required to complete a Criminal Records Bureau Enhanced Disclosure (CRB).

Documentation
<p>If invited for interview you will need to bring the following ORIGINAL documents:-</p> <ul style="list-style-type: none">• Photo identification (e.g. passport, driving licence)• Two proofs of address (e.g. utility bill, bank statement- dated within last 3 months)• Student card• University / College term dates and personal timetable• If available: Current Criminal Records Bureau check

Please e-mail your application to the Project Coordinator at:
studentassociates@ljamu.ac.uk

Alternatively you may post your application to:
Student Associates Project Coordinator, Liverpool John Moores University,
I.M.Marsh Campus, Barkhill Road, Aigburth, Liverpool L17 6BD

Telephone: 0151 231 5265. Fax: 0151 231 5245

EQUAL OPPORTUNITIES

We are committed to equal opportunities. It is important that we gather information to help us monitor our recruitment and selection process.

Any information you provide will be detached from your application upon receipt and will not be used in the selection process.

COMPLETION IS OPTIONAL

Ethnic Origin	<i>Click in appropriate box to indicate which best describes your ethnic origin</i>				
White – English	<input type="checkbox"/>	Black – African	<input type="checkbox"/>	Asian – Indian	<input type="checkbox"/>
White – Welsh	<input type="checkbox"/>	Black – British	<input type="checkbox"/>	Asian – Pakistani	<input type="checkbox"/>
White – Irish	<input type="checkbox"/>	Black – Caribbean	<input type="checkbox"/>	Asian – Bangladeshi	<input type="checkbox"/>
White – Scottish	<input type="checkbox"/>	Black – Other	<input type="checkbox"/>	Asian - Other	<input type="checkbox"/>
White – Other	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Other Dual Heritage	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	Chinese - Other	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>

Do you have a disability?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please give details:				
Are you registered disabled?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Thank you