BRASENOSE COLLEGE, OXFORD

**POST: Stipendiary Lecturer in Medicine**

Candidates are requested to complete this form for the information of the appointing committee

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| 1. Surname: | Title: | Other names: | |
| 1. National Insurance Number: | | | |
| 1. Present post/occupation: | | | |
| 1. Short title of research subject: | | | |
| 1. Permanent postal address, telephone number and email address: | | | |
| 6. Address, telephone number and email address where you can be contacted in the week beginning 3 May 2021 (if different): | | | |
| 7. Names, addresses and e-mails of two referees. The College will contact the referees of candidates shortlisted for interview to request a reference. | | | |
| Referee 1: | | | |
| Referee 2: | | | |
| 1. Do you have current and valid permission to be in the United Kingdom and to do the type of work offered?   (all successful candidates will be required to show the College appropriate documentation e.g. passport, birth certificate, Home Office/Border and Immigration documentation etc) | | | YES/NO |
| 1. Will you need a work visa under Tier 2 of the points based migration system?   See [www.ukba.homeoffice.gov.uk/workingintheuk/tier2](http://www.ukba.homeoffice.gov.uk/workingintheuk/tier2). | | | YES/NO |
| 1. Please indicate in which publication you saw this advertisement: | | | |

**To the best of my knowledge the answers given to the questions and all statements made both on this form and within all other documents associated with this employment application are true and accurate. Any falsification may be considered sufficient cause for rejection, or if employed, dismissal.**

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_