



**USP COLLEGE
APPLICATION FOR APPOINTMENT TO THE CORPORATION**

SECTION 1				
Preferred Title:				
Surname:				
Forename(s):				
Home address:				
Telephone number (daytime):				
Telephone number (evening):				
Mobile number:				
Fax number:				
E-mail address:				
Address for correspondence <i>(if different from above)</i>				
Telephone number (daytime):				
Telephone number (evening):				
Fax number:				
E-mail address:				
Do you consider yourself to be disabled ?				
Nationality:				
Ethnic origin <i>(please tick one box)</i>				
White	Black African	Black Caribbean	Black Other <i>(please specify)</i>	Chinese
Indian	Pakistani	Bangladeshi	Other <i>(please specify)</i>	

SECTION 2

Professional, academic and vocational qualifications

Title	Awarding Body	Date Obtained

Employment status (please tick one box).

Employed/Self Employed Not in paid employment Retired Other (please specify)

Employment (if applicable) **Your Employer will not be contacted without your express permission**

Date commenced:

Name of employer:

Address

Are you currently enrolled as a student of USP College?
(if the answer is **YES**, please give details of the course and its duration)

Are you, or have you been, an employee of Seevic and Palmer's Colleges Group?
(if the answer is **YES**, please give full details)

SECTION 3

Please give details of:

(a) Recreational interests and activities

(b) Current and previous public appointments

Describe briefly in the space provided why you wish to become a member of the Corporation and give details of any experience which may be relevant
(please continue on a separate sheet if necessary)

SECTION 4

Details of any unspent criminal convictions under the Rehabilitation of Offenders Act 1974

Offence	Penalty or Order of the Court	Court	Date of Conviction

Data Protection Act
I agree to USP College processing data (including personal data) contained in this form, or other data which USP College may obtain from me or other people. I agree to the processing of such data for any purposes connected with my application for membership of the Corporation or for any other legitimate reason.

Declaration

I confirm that, to the best of my knowledge and belief, the information given is correct. I further confirm that I have considered and understood the criteria for disqualification from membership and that I do not fall within any of the descriptions of persons specified in those criteria.

I understand that if I am appointed and if the information which I have provided is incorrect, or any of the statements which I have made in this declaration are untrue or subsequently circumstances arise at any time before the end of my term in office which would render any such statements untrue then my tenure of office is liable to be terminated.

Signed: _____ Date: _____