# Associate Lecturer/Tutor Secondment Opportunity

# Application Form

Ffurflen Gais

|  |
| --- |
| Please read the Guidance Notes prior to completing this form.*Darllenwch y Canllawiau cyn cwblhau’r ffurflen hon.* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Vac No**/Rhif y Swydd: | | **School/Directorate***/Ysgol/Cyfarwyddiaeth*: | | | | |
| **Job Title**/*Teitl y Swydd:* | | | | | | |
| **Surname/Family Name**/*Cyfenw/Enw Teulu:* | | | | **Initials**/*Llythrennau blaen:* | | |
| Where did you see this job advertised?/*Ble gwelsoch chi’r hysbyseb swydd?* | | | | | | |
| **HIGHER EDUCATION AND/OR PROFESSIONAL QUALIFICATIONS** CYMWYSTERAU ADDYSG UWCH A/NEU BROFFESIYNOL | | | | | | |
| Degree/ **Qualification** Gradd/ Cymhwyster | **University (& College)**  *Prifysgol (a Choleg)* | **Main Subject** Prif Bwnc | **Subsidiary Subjects** Pynciau Atodol | | **Class of honours**  *Dosbarth anrhydedd* | **Date** Dyddiad |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **IMMIGRATION STATUS***/STATWS MEWNFUDO*  **Are you free from immigration control and able to remain and work indefinitely in the UK?** *Ydych chi’n rhydd o reolaeth mewnfudo ac yn gallu aros i weithio am gyfnod amhenodol yn y DU?*  **Yes***/Ydw* **No***/Nac ydw*  **If No, please specify your current immigration status and your current visa end date (overseas student, work permit holder, HSML, Tier 1-General, Tier 1-Post-Study Work, Tier 2-Sponsored Worker etc)/***Os mai Nac Ydw yw eich ateb, rhowch eich statws mewnfudo presennol a dyddiad terfynu’ch fisa bresennol (myfyriwr tramor, deiliad trwydded waith, HSML, Haen 1-Cyffredinol, Haen 1-Gwaith ar ôl Astudio, Haen 2-Gweithiwr Noddedig ac ati):*  **Status***/Statws***:**  **Visa end date***/Dyddiad terfynu’r fisa***:** | | | | | | |
| **PROFESSIONAL REGISTRATION DETAILS (eg NMC/HCPC)**  *MANYLION COFRESTRU (Swyddi clinigol yn unig)* | | | | | | |
| Registration TypeMath o Gofrestriad | | **Registration Number** Rhif Cofrestru | | **Registration Date** Dyddiad Dyfarnu additional column with renewal date. | | |
| **EMPLOYMENT/WORK ACTIVITIES**  *CYFLOGAETH/GWAITH A WNAED* | | | | | | |
| **Employer** Cyflogwr | **Job Title** Teitl y Swydd | | **From** O | | **To** I | **Salary** Cyflog |
|  |  | |  | |  |  |
|  |  | |  | |  |  |
|  |  | |  | |  |  |
|  |  | |  | |  |  |
|  |  | |  | |  |  |
|  |  | |  | |  |  |
| PUBLICATIONS (Please list if relevant) CYHOEDDIADAU | | | | | | |
| **ADDITIONAL INFORMATION**  *GWYBODAETH BELLACH* | | | | | | |

|  |
| --- |
|  |
| Support from your line manager for your application is required. Please discuss the role with them and request their approval for you to apply for a secondment (see FAQ’s below for additional information to inform your discussion). Please request that your line manager emails: thomasL5@cf.ac.uk with confirmation of their support (or submit, in writing, with your postal application). Note: Your line manager can be assured that support of your application does not constitute agreement to a secondment. Start dates will be agreed/negotiated with successful candidates and their substantive employer.  *I can confirm that I have discussed and agreed my application with my line manager*  *and have requested that they will confirm this by sending a brief email to thomasL5@cf.ac.uk stating that they are aware of and support my application*  **Or**  *I can confirm that I have discussed and agreed my application with my line manager*  *and have attached their written statement that they are aware of and support my application*  ……………………………………………………………………………….(applicant signature) |

|  |  |
| --- | --- |
| **FREQUENTLY ASKED QUESTIONS (FAQ’s)**  **How long does a secondment last?**  In most instances, Associate Lecturers/Associate Tutors are initially seconded for a 12 month period. If agreed by both the School and Employer, this period may be further extended.  **What are the arrangements for payment/salary for seconded days?**  The secondee continues to receive their salary from the employer in usual way. The School will be invoiced for the seconded time - days/hours equivalent i.e the semployer continues to pay the secondees salary, national insurance and pensions costs and will invoice the School for these costs in arrears on a quarterly basis.  **What are the arrangements for annual leave?**  Annual leave will be taken from the School pro rata. For example, an Associate Lecturer seconded for 2 days per week will be able to take 40% of annual leave from the School. In the first year, 40% will be related to any leave remaining at start date. This agreement does not include bought or carried over leave.  **What would be the benefit to the secondee and their employer?**  The Associate Lecturer scheme provides secondees with an opportunity to experience working in higher education in a prestigious and world leading university. The Associate Lecturer scheme is an opportunity for clinically credible practitioners to contribute to undergraduate (both pre-registration and post registration education) and postgraduate education of midwives, nurses and allied professionals. Our students will have the opportunity to acquire first-hand knowledge of the impact of national and local health policy and changes in clinical practice.  The Associate Lecturer/Tutor will have the opportunity to develop both personally and professionally during the secondment and will enable the staff and students of the School of Healthcare Sciences to enjoy closer links with clinical practice.  **Who can I contact if further information is required?**  In the first instance, please contact Linda Thomas at: [thomasL5@cf.ac.uk](mailto:thomasL5@cf.ac.uk) or telephone 029 20917923. | |
| REFEREESCANOLWYR | |
| Name/Enw: | Line Manager: |
| **Address***/Cyfeiriad*: | |
| Tel no/Rhif ffôn: | **Fax no***/Rhif ffacs:* |
| Email/E-bost: | |
| **Can we contact this referee prior to offering you an interview?**/A gawn ni gysylltu â’r canolwr hwn cyn cynnig cyfweliad i chi?  **Yes**/Cewch **No**/Na chewch | |
| Name/Enw: | Relationship to you/Perthynas â chi: |
| **Address***/Cyfeiriad*: | |
| Tel no/Rhif ffôn: | **Fax no***/Rhif ffacs:* |
| Email/E-bost: | |
| **Can we contact this referee prior to offering you an interview?**/A gawn ni gysylltu â’r canolwr hwn cyn cynnig cyfweliad i chi?  **Yes**/Cewch **No**/Na chewch | |
| Name/Enw: | Relationship to you/Perthynas â chi: |
| **Address***/Cyfeiriad*: | |
| Tel no/Rhif ffôn: | **Fax no***/Rhif ffacs:* |
| Email/E-bost: | |
| **Can we contact this referee prior to offering you an interview?**/A gawn ni gysylltu â’r canolwr hwn cyn cynnig cyfweliad i chi?  **Yes**/Cewch **No**/Na chewch | |

*I confirm by ticking this box that the information given in this Application Pack, and on all other supporting documentation, is correct. I understand that, if shortlisted for interview,*

*I will be required to comply with the University’s policy on employment of ex-offenders as detailed on* [*www.cardiff.ac.uk/jobs/*](http://www.cardiff.ac.uk/jobs/)

*Any Application Pack not verified in this way cannot be accepted by Cardiff University.*

Signed:       Date:

**Who can I contact if I need help in completing the form?**

Please contact Linda Thomas on 029 2091 7923

**Please return the completed application pack via email to:** Linda Thomas, HR Support Officer, Email**\***: [thomasL5@cardiff.ac.uk](mailto:thomasL5@cardiff.ac.uk)

**or**

Post: Mrs Linda Thomas, Human Resources Support Officer, School of Healthcare Sciences, Cardiff University, 7th Floor, Eastgate House, Newport Road, CF24 OAB

**\* Please note that if you apply via email, you must complete both the signature tick-box and the signature section of the pack. By doing this, you are confirming that the information you have provided on all documentation is correct. Any incomplete or incorrectly completed forms will not be accepted and will be returned to you.**

**Personal Information**

Surname/Family Name:

Other name(s):

Title:

Name at birth, or any previous name:

Home address:

Postcode:

Correspondence address (if different):

Postcode:

Home telephone number:

Mobile telephone number:

Email address:

National Insurance (NI) Number:

Date of birth (DD/MM/YYYY):

Nationality:

**Disability** – Do you have a known disability?

Yes  No  Prefer not to say  If yes, please specify:

**Gwybodaeth Bersonol**

Cyfenw/Enw Teulu:

Enwau Eraill:

Teitl:

Eich enw genedigol, neu unrhyw enw blaenorol a fu arnoch:

Cyfeiriad Cartref:

Cod Post:

Cyfeiriad Gohebu (os yn wahanol):

Cod Post:

Rhif Ffôn:

Rhif Ffôn Symudol/Gwaith:

Ebost:

Rhif Yswiriant Gwladol:

Dyddiad Geni (DD/MM/BBBB):

Cenedl:

**Anabledd** - A oes gennych anabledd diffiniedig?

Oes  Nac oes  Gwell gen i beidio â dweud  Os oes, nodwch:

*Drwy dicio’r blwch hwn, cadarnhaf fod y wybodaeth a roddir yn y Pecyn Cais hwn ac ym mhob dogfen arall i’w hategu, yn gywir. Deallaf y bydd gofyn i mi, os rhoddir fi ar restr fer i’m cyfweld, gydymffurfio â pholisi cyflogi cyn-droseddwyr y Brifysgol, fel y manylir yn y Canllawiau. Ni fydd Prifysgol Caerdydd yn derbyn unrhyw Becyn Cais na chaiff ei wirio yn y modd hwn.*

Llofnod:       Dyddiad: