

**RELEVANT INFORMATION REGARDING SERVING ON COUNCIL OR ITS
COMMITTEES**

If you require a copy of this form in an alternative format, for example electronic or in Braille, please contact Kelly Archer either by telephone (0117 331 8085) or email (kelly.archer@bristol.ac.uk).

Personal Details

Surname Title

Forename(s)

Address

Post Code

Contact telephone number

**Specialist experience/skills/attributes (particularly if it relates to any of the
priority/target areas outlined in the covering letter)**

Summary of qualifications/main career/other interests

Number of days available per year, given advance notice by the University

15 ☐ 20 ☐ More ☐

Why would you like to be a member of Council? (Please also use this opportunity to highlight any connections that you have with Bristol and/or the University)

Are there any specific committees, other than Council, that you would like to become involved with? NB – Further information about Council committees can be found at <http://www.bristol.ac.uk/council/guide/councilctees.html>

If your application to join Council is not successful on this occasion, would you consider joining one or more committees of Council as a lay member?

Yes ☐ No ☐

Please provide the names and addresses of two referees whom the Nominations Committee may contact

Referee 1:

Referee 2:

Please return completed forms together with a copy of your CV (marked strictly confidential) by 5pm on Monday, 13th September 2010 to:

**Kelly Archer
Clerk to Council
Planning Office
University of Bristol
Senate House
Tyndall Avenue
Bristol, BS8 1TH**

kelly.archer@bristol.ac.uk

We will accept either hard copy or email applications.

Diversity Monitoring

The University is committed to equality of opportunity in its selection processes. The Equal Opportunities Commission, Commission for Racial Equality and Disability Rights Commission recommend that employers collect and monitor information to ensure that their selection processes are fair and open to all sections of the community. To help the University to monitor effectiveness in this area, please take a few moments to complete this section of the form.

We are aware that you may be hesitant in providing the personal details requested. Please be assured that this information will be detached from the application form upon receipt and the information provided will not be used as part of the selection process in any way. The information will be stored in accordance with the Data Protection Act and will be used for monitoring and reporting purposes only.

Date of Birth

Gender

Male ☐

Female ☐

How would you describe your ethnic origin?

- | | |
|--|---|
| <input type="radio"/> White - British | <input type="radio"/> Mixed - White and Black Caribbean |
| <input type="radio"/> White - Irish | <input type="radio"/> Mixed - White and Black African |
| <input type="radio"/> Other White background | <input type="radio"/> Mixed - White and Asian |
| <input type="radio"/> Black or Black British - Caribbean | <input type="radio"/> Other Mixed background |
| <input type="radio"/> Black or Black British - African | <input type="radio"/> Other Ethnic background |
| <input type="radio"/> Other Black background | <input type="radio"/> Information refused |
| <input type="radio"/> Asian or Asian British - Indian | |
| <input type="radio"/> Asian or Asian British - Pakistani | |
| <input type="radio"/> Asian or Asian British - Bangladeshi | |
| <input type="radio"/> Chinese | |
| <input type="radio"/> Other Asian background | |

Do you consider yourself to be a disabled person?

Yes ☐ No ☐ Information refused ☐

If yes, please specify:

- ☐ Autistic Spectrum Disorder/ Aspergers Syndrome
- ☐ Blind/ Partially Sighted
- ☐ Deaf/Hearing impairment
- ☐ Dyslexia
- ☐ Mental Health Difficulty
- ☐ Personal Care Support
- ☐ Unseen Disability e.g. Diabetes, Epilepsy
- ☐ Wheelchair User/Mobility Difficulty
- ☐ Multiple Disabilities
- ☐ Other Disability