**Teaching Affiliate - Expression of Interest Form**

Please complete this form to indicate you are interested in being a Teaching Affiliate in the 2018/19 academic year. Please send it and your C.V. to the relevant Head of Department/Section (CLAS and Humanities) or TA Co-ordinator (English). Please complete this form in BLOCK capitals.

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| **General:** |
| In which School in the Faculty are you expressing an interest to be a Teaching Affiiiate? |
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| Specifically, which department/section?  |
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| Dates unavailable for interview: |  |
| Periods unavailable for work: |  |
| **Personal Details:** |
| Title: |  |
| First Name: |  |
| Surname: |  |
| Date of Birth: |  |
| Full Correspondence Address:(Including post code) |  |
| Contact telephone number: |  |
| Personal email address: |  |
| **Student Details: (if applicable)** |
| Course Title: |  |
| Year of Course: |  |
| Home School: |  |
| Department/Section: |  |
| Student ID Number: |  |
| UoN/Student email address: |  |
| Date(s) unavailable for work |  |
| Dates (s) unavailable for interview |  |
| **Self-Employment Details: (if applicable)** |
| If you are not a student at the University and have a unique taxpayer reference number you may be eligible to be engaged as ‘self-employed’. If you think you may fall into this category please confirm below. Should you be offered work as a TA, you will be contacted to discuss this further.  |
| I consider myself to be self-employed: | YES / NO |
| Unique tax reference code: |  |
| **Personal Statement:***Please tell us what motivates you to want to teach and list teaching experience at any level and relevant professional development courses attended.* |
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| **Modules:** *Please list the modules and/or areas on which you would be able to teach.* |
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| **Academic Prizes and achievements:***Please write a brief outline of any academic prizes awarded, personal achievements etc. to date* |
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| **Supervisor’s permission:** *If you are currently a postgraduate student you are required to seek permission from your supervisor in order to express interest in becoming a Teaching Affiliate. By signing below, your supervisor confirms that you have discussed your desire to teach on a casual basis in the Faculty of Arts and that they support this expression of interest.* |
| Lead Supervisor Name: |  |
| Lead Supervisor Signature: |  | Date: |  |
| **Applicant Confirmation:** *Please sign and date.* |
| Applicant Name: |  |
| Applicant Signature: |  | Date: |  |