**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? | | | | | |
|  | | | | | |
| 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: |  |