**New Associate Appointment Request Form**

**To be completed when requesting a new Associate**

*All new starters require PVC approval. Only offer contract when existing Core and Associate staff cannot provide cover and/or skills*

**School Guidance – Please Read:**

Please ensure you complete the Requester details form before forwarding to the applicant.

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| **Requester Details – to be completed by school prior to being forwarded to applicant** |
| **Person Requesting Associate\*** |  |
| **PVC Approval Received\*** |  |
| **Email (so we can notify you)\*** |  |
| **College\*** |  |
| **School\*** |  |
| **Project Code\*** |  |
| **Finance Clerk\*** |  |
| **Role to be appointed to\* –** please mark **Yes/No** against chosen role |
| **Lecturer** |  |
| Spinal point offered\*:(if not SP30, please include rationale why offering at higher spinal point) | 30 |  |
| 31 |  |
| 32 |  |
| Rationale: |
| **Demonstrator** |  |
| **Anticipated start date†** |  |

*† Please note, whilst we will work to this date where possible, the new Associate should not start work without being notified by PPC that all clearances have been returned*

⏷ Once completed please send to applicant to complete the Applicant Details and Referee forms ⏷

**Applicant Guidance – Please Read:**

Please complete the Applicant and Referee details forms and attach the following:

Copies of **CV**, **Passport** and **Visa** (if applicable) – we **will** need to see originals before any work is undertaken.

|  |
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| **Applicant Details** |
| First Name\* |  |
| Surname\* |  |
| Date of Birth\* |  |
| Address\* |  |
| City/Town\* |  |
| Postcode\* |  |
| Email\* – preferred contact method |  |
| Phone Number\* |  |
| National Insurance Number\* |  |
| HE Teaching Qualification – Yes/No |  |

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| --- |
| **Referees** |
| **Referee 1** | **Referee 2** |
| First Name\* |  | First Name\* |  |
| Surname\* |  | Surname\* |  |
| Address |  | Address |  |
| City/Town |  | City/Town |  |
| Postcode |  | Postcode |  |
| Email\* |  | Email\* |  |
| Phone Number |  | Phone Number |  |
| Relationship to you |  | Relationship to you |  |

*\*Please ensure fields marked with an asterisk are completed*

**This should be emailed with accompanying documentation to: PPC@lincoln.ac.uk**