



SCHOOL REP APPLICATION FORM

2019/20

APPLICATION FORM & EQUAL OPPORTUNITIES MONITORING

To apply, complete the following forms.
Please fill in all the sections available.

1

When complete, send your form to **ACADEMICSUPPORT@LUU.LEEDS.AC.UK**. You can submit a paper copy of your application to LUU Help & Support, addressed to the Academic Representation Team. For further information regarding the role, please see the Role Information document at **LUU.ORG.UK/REPRESENTATION/YOUR-REPS/**.

NAME

COURSE

SCHOOL

STUDENT ID

YEAR OF STUDY

ADDRESS

Please provide at least one contact number/email address.

EMAIL ADDRESS

PHONE NUMBER

WHICH IS YOUR PREFERRED CONTACT METHOD?

EMAIL ADDRESS

PHONE

HOW DID YOU HEAR ABOUT THIS OPPORTUNITY?

QUESTIONS FOR APPLICANTS

Please use this opportunity to tell us why you'd like to be a School Rep and how you meet the Person Specification.

1

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Your answers don't need to be long (max. 100 words per question), and we encourage you to use examples to demonstrate how you meet the qualities specified. If you'd rather send us a video, please upload them to YouTube, making the video private and include the link. We also accept videos through **WETRANSFER.COM** but if you choose to do this, make it clear in your application. Keep videos between 2 and 5 minutes.

WHY HAVE YOU DECIDED TO APPLY FOR THE ROLE?

WHAT QUALITIES WOULD YOU BRING TO THE ROLE?

WHAT QUALITIES WILL YOU HOPE TO DEVELOP?

WHAT ARE THE BIGGEST ISSUES THAT STUDENTS IN YOUR SCHOOL FACE?

ENDORSEMENTS FOR YOUR APPLICATION

Being a School Rep means being able to reach a range of students, so we ask you to do this as part of the application.

2

If you've chosen to provide a supporting statement from a student or member of staff in your School, then please use the box below. Remember, we ask you that don't provide both. Please send to Academic Representation on ACADEMICSUPPORT@LUU.LEEDS.AC.UK.

SUPPORTING STATEMENT (APPROXIMATELY 200 WORDS)

EQUAL OPPORTUNITIES MONITORING

This section will be anonymous and strictly confidential. It is used to evaluate the accessibility of LUU's services.



This part will be detached before the selection process. The information will not be seen during selection, and will be treated in the strictest confidence. Fill in as appropriate.

YOUR GENDER

IS THIS THE SAME AS AT BIRTH? YES NO PREFER NOT TO SAY

YOUR SEXUALITY PREFER NOT TO SAY

YOUR NATIONALITY PREFER NOT TO SAY

YOUR ETHNICITY PREFER NOT TO SAY

YOUR AGE PREFER NOT TO SAY

WERE YOU 21 OR OVER WHEN YOU STARTED YOUR DEGREE HERE? YES NO PREFER NOT TO SAY

DO YOU HAVE ANY CARE FOR ANY OTHER INDIVIDUAL(S)? YES NO PREFER NOT TO SAY

YOUR RELATIONSHIP TO THAT PERSON

DO YOU HAVE A RELIGION/FAITH? YES NO PREFER NOT TO SAY

IF YES, PLEASE STATE PREFER NOT TO SAY

DO YOU CONSIDER YOURSELF DISABLED? YES NO PREFER NOT TO SAY

IF YES, PLEASE STATE PREFER NOT TO SAY