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| --- | --- | --- | --- |
| Canterbury Christ Church University Associate Personal Details Form | |  | | --- | |  | |  |
|  |  |

**To the Associate Applicant:**

**Please complete the top section of this form, preferably electronically, otherwise in BLOCK CAPITALS.**

**The fields marked \* are mandatory.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Details** | | | | | | | |
| **Surname \*** | |  | | | | **Forename \*** |  |
|
| **Title \*** | |  | **Date of Birth \*** | |  | **Preferred Name** |  |
| **Contact Address \*** | |  | | | | | |
|
| **Post Code \*** | |  | | **Contact Email Address \*** | |  | |
|
| **Phone Number** | |  | |  | | | |
| **Role or Job Title at Canterbury Christ Church University** | | | |  | | | |
| **Name of Current Employer** | | | |  | | | |
| **Date \*** |  | | |

**Please return the completed form to the person in the University department**

**who has sponsored your application to become an Associate**

**For Use by Sponsoring Department (Requestor) only:**

**Requestors who do not have access to the Associates System must complete the boxes below and send the form to**

**Human Resources at Rochester House or email it to hr@canterbury.ac.uk**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Requestor’s Department |  |  | Are Computing and Library Accounts requested?  *(At present the choice is both or neither.)* | Yes / No |
| Requestor’s Name  (Head of School/Department) |  |  | Is Blackboard access required? | Yes / No |
| Name of Departmental Administrator |  |  | Will this Associate work as a Caterer? | Yes / No |
| Departmental (or Administrator’s) email address |  |  |  |  |
| Name of Cost Centre |  |  |  |  |
| Start Date |  |  |  |  |
| Expiry Date *(latest is 1 year from the receipt of this form)* |  |  |  |  |

Version: 3 September 2010