**The Register of Support Providers at Queen’s University**

**Support Provider Expression of Interest Form**

When completing this form, please refer to the relevant role description(s) / person specification(s) at <https://www.qub.ac.uk/directorates/sgc/disability/SupportProviders/RoleDescriptionsandPersonSpecifications/> and provide relevant examples of how you meet the criteria for the post(s).

Please note that successful candidates are **self-employed**, are engaged on a freelance basis and should register with HMRC / acquire a UTR (unique taxpayer reference) number. Unfortunately, the Register is unable to offer any advice on working on a self-employed basis so please refer to government guidance at [www.gov.uk/working-for-yourself](http://www.gov.uk/working-for-yourself) for further information.

As positions are based on the needs of individual students, regrettably, the nature/volume of work potentially available cannot ever be guaranteed.

If you would like this form in an alternative format, please contact us directly (see last page for contact details).

**Personal Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full Name\*:** |  | | **Preferred Name:** | |  |
| **Address:** |  | | | | |
| **Post Code:** |  | | | **Date of Birth:** |  |
| **Email\*:** |  | | | | |
| **Telephone:** |  | **Mobile\*:** | |  | |

\* If added to the Register of Support Providers, these details will be shared with any students you are matched with.

**Please identify any reasonable adjustments you may require should you be offered an interview:**

|  |
| --- |
|  |

**Post(s) you are interested in (please tick):**

(if you are completing this form electronically, please click on the check box to mark/unmark)

|  |  |  |
| --- | --- | --- |
| Academic Mental Health Tutor  Autistic Spectrum Disorder Tutor  Dyslexia Tutor  Foreign Language Tutor  IT Tutor  Mathematics & Statistics Tutor | Study Skills Tutor  Audio Typist / Typist / Exam  Scribe Audio Typist  Campus Assistant  Electronic Note Taker  Exam Prompter | Exam Scribe  Library Assistant  Note Taker  Proof Reader  Reader / Exam Reader |

**Self-Employment Status / Student Visa**

If you are residing in the UK on a student visa (previously Tier 4 student visa), you cannot be self-employed so unfortunately, we would not be able to process your expression of interest on that basis.

I confirm I am not in the UK on a Student Visa / Tier 4 Student Visa.

**Referees**

Please supply the names of two referees\*, at least one of whom has knowledge of your recent work:

|  |  |  |
| --- | --- | --- |
| **Name** | **Occupation** | **Email Address** |
|  |  |  |
|  |  |  |

\*Your referees will not be contacted unless you are successful at interview.

**Education and Training**

Starting with the most recent first, please outline all relevant education/courses undertaken to date:

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates (from - to)** | **Institution Attended** | **Qualification and Subject** | **Grade/Level** |
|  |  |  |  |

**Work Experience**

Beginning with your current or most recent employment, please provide details of your work experience including both paid and voluntary work:

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Job Title** | **Main Duties and Responsibilities** | **Dates** |
|  |  |  |  |

**Additional Information**

Please use the space below to detail the skills, knowledge and experience you feel are relevant to the role(s) for which you have indicated your interest:

|  |
| --- |
|  |

**Declaration**

I confirm that, to the best of my knowledge, the information given on this form is correct:

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

**Where did you hear about The Register of Support Providers at Queen’s? (please tick)**

(if you are completing this form electronically, please click on the check box to mark/unmark)

|  |  |  |
| --- | --- | --- |
|  |  | |
| Email advertisement | Existing Support Provider | |
| Queen’s website | Friend / Colleague | |
| Newspaper advert | Other (please detail): |  |

**Please return your completed forms to:**

The Register of Support Providers at Queen’s University

Accessible Learning Support

One Elmwood Student Centre

77 University Road

Belfast

BT7 1NF

Email: [supportprovider@qub.ac.uk](mailto:supportprovider@qub.ac.uk)

Tel: 028 9097 5275 / 028 9097 2727

Web: [www.qub.ac.uk/directorates/sgc/disability/SupportProviders/](http://www.qub.ac.uk/directorates/sgc/disability/SupportProviders/)

**If you have any queries or would like this form in an alternative format, please contact us.**