**School of Creative Arts, Queen’s University Belfast**

Application Form

**Teaching Assistants** 2015-16

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:**

**Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**National Insurance Number (REQUIRED):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Qualifications:**

**Previous teaching experience:**

**Areas where you could contribute teaching:**

**Times during the academic terms when you are available to teach:**

The completed form, together with a recent CV, should be returned in electronic copy to [k.shilliday@qub.ac.uk](mailto:k.shilliday@qub.ac.uk)

**DEADLINE FOR RECEIPT OF APPLICATIONS: 5.00pm on 12 June 2015**