

Welcome to the Voluntary University Sub-Wardenship Application

Voluntary University Sub-Wardenship Application



Please complete **ALL** the sections and return the completed copy to the appropriate Hall Warden.

If possible, please type your responses below to ensure all of your answers are legible.

If you are unable to fill out this PDF by clicking on its boxes or need more space to respond to its elements, please copy and paste the sections into a Word Document and submit that file instead.

| Hall Details | | | | | |
|--|--|--|--|--|--|
| Please specify the Hall(s) you are applying for: | | | | | |
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| Please state any Hall(s) you would not like to be consider for (if any): | | | | | |
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| Personal Details | | | | | |
| Loughborough University School: | | | | | |
| Title (e.g. Mx, Mrs, Mr, etc.): | | | | | |
| | | | | | |
| First Name: | | | | | |
| Surname / Family Name: | | | | | |
| Preferred Name (if any): | | | | | |
| Date of Birth: | | | | | |
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| Please note that accommodation is single occupancy only. Part-time PhD / Postgraduate Research students should also be aware that, they will be expected to register their accommodation with the local council to pay council tax. | | | | | |
| Contact Details | | | | | |
| Mobile Number: | Lboro University MS Teams Phone Number: | | | | |
| | | | | | |
| Term Time Address: | Address for correspondence (if different): | | | | |
| | | | | | |
| Email Address: | | | | | |

Application Details

| 1. | When did your current PhD/appointment with the University? |
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| 2. | When does your present studentship expire? |
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| 3. | If you were to be appointed, when could you assume your duties? |
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| 4. | Please give the name, email and department of 2 people within the University who can be referees or otherwise support your application. At least one of them should be your supervisor: |
| | |
| 5. | Have you been resident in any hall(s) at Loughborough? If so, please give details and dates: |
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| 6. | Please list all of your qualifications (educational or otherwise): |
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| 7. | Please outline your interests and hobbies: |
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| 8. | Please list previous employment (including vacation work, DIS, VSO etc. and any other relevant experience) along with their accompanying start and end dates: |
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| 0 | What do you think the Sub-Warden roles consists of? |
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| 9. | what do you think the Sub-Warden roles consists of: |
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| 10. | Why do you wish to become a Sub-Warden? |
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| 11. | Which of your qualities do you feel make you particularly suitable to be a Sub-Warden? |
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| 12. How would you seek to contribute to the development of Hall life as a Sub-Warden? | | |
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| 13. Which aspects of the Sub-Warden's role would you find most difficult? | | |
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| 14. Is there any other information you wish to give in support of your application? | | |
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Please read through and complete the final page of this application before submitting it.

Criminal Convictions and Cautions

If you have any unspent criminal convictions or have any criminal proceedings pending against you, then please give full details as a separate document, clearly stating your full name, the role you are applying for and the Hall.

This document should either be sent in an envelope marked "Private and Confidential" to the Director of Student Services, Charlie Wheeldon (C.Wheeldon@lboro.ac.uk) 'criminal conviction information' in the subject box. This envelope/email will only be opened if your application is shortlisted; if you are unsuccessful at this stage, then this envelope/email will be destroyed unopened.

NB – Spent convictions will still have to be declared on this application as the role may involve liaison with adults in a vulnerable position. The Student Services Office reserves the right to undertake the relevant check as and when required through the Disclosure and Barring Scheme.

Declaration

To the best of my knowledge and belief, the information contained in this form is accurate. I understand that giving false information, or failure to supply details, will invalidate an offer of a volunteer's agreement, or lead to termination of the agreement.

Please note that, in submitting this form, you have accepted these terms, and agree to this declaration.

| Signed: | |
|---------|--|
| Date: | |

Please submit this document (or your Word Document equivalent) with the format of: **FIRSTNAME SURNAME SUBWARDEN APPLICATION.**