

CENTRE FOR BIOMEDICAL SCIENCES EDUCATION

DEMONSTRATOR/TUTORIAL ASSISTANT INFORMATION 2020-2021

PART A: (Please use block capitals)

SURNAME:	FORENAME:	TITLE:
----------	-----------	--------

NATIONAL INSURANCE NUMBER:	
----------------------------	--

GENDER:	Male [<input type="checkbox"/>] <input type="checkbox"/>	Female [<input type="checkbox"/>] <input type="checkbox"/>	DATE OF BIRTH:	
---------	--	--	----------------	--

HOME ADDRESS	
	POSTCODE:

MOBILE NO:	EMAIL:
------------	--------

Are you a Non-EU / EEA / Swiss National: [Please tick] <input type="checkbox"/> Yes <input type="checkbox"/> No

Do you currently hold a Tier 4 Student Visa: [Please tick] <input type="checkbox"/> Yes <input type="checkbox"/> No

<u>RELEVANT DEGREE / QUALIFICATION(S)</u> <u>COMPLETED TO DATE Please include the year of graduation and the awarding institution:</u>	
---	--

If you are a **Postgraduate Research (PGR) Student** please go to Part B.

We are unable to process applications from **Postgraduate taught (PGT) student** at this time due to their commitment to a full time taught curriculum.

If you are currently employed by QUB, another company or not currently employed please proceed to Part C

Privacy Notice

A statement of our data protection policy with regards to this application may be found on the SMDBS website <https://www.qub.ac.uk/schools/mdbs/Workwithus/DemonstratorOpportunities/>

PART B: (To be completed by Postgraduate Students Only)

Please indicate your status for academic year 2020/21 by completing the relevant section below:

<u>POSTGRADUATE RESEARCH PROGRAMME:</u>				
TITLE:				
CENTRE:				
PLEASE INDICATE YEAR OF STUDY:	1 ST	2 ND	3 RD	Other:
MODE OF STUDY	Full-time		Part-time	
<u>CURRENT POSTGRADUATE SUPERVISOR:</u>				
NAME:				
ADDRESS:				
TELEPHONE NO:		EMAIL:		

<p><u>Supervisor(s) Permission</u></p> <p>I am happy for my student to carry out the role of demonstrator for an average of [] hours per week; please insert the <u>average</u> number of hours permitted to demonstrate per week.</p> <p>Signature: _____ Date: _____</p>

PART C: (Current Employment Details)

Do you currently hold an employment contract with Queen's University Belfast*?

If YES, please complete the section below:

Current Job Title*:	
School/Centre:	
Staff Number:	

**If you have a contract as a Research Fellow/Assistant or technician, please note that this position remunerated.*

<p><u>Supervisor(s) Permission</u></p> <p>I am happy for this member of staff to carry out the role of demonstrator for an average of [] hours;</p> <p><i>please insert the <u>average</u> number of hours permitted to demonstrate per week.</i></p> <p>Signature: _____ Date: _____</p>
--

If NO, please complete the section below;

Current Job Title:	
Name of Employer:	
Address of Employer:	
Contact details of Employer:	

PART D: (Everyone to complete)

EXPERIENCE AND AREAS OF INTEREST – ANY ADDITIONAL COMMENTS:

Please use this area to list areas of expertise gained through your studies as well as experience teaching/demonstrating/leading activities in groups

DEMONSTRATOR ROLES:

Please tick any areas you would feel comfortable demonstrating/tutoring in:

- Physiology (practicals and tutorials)
- Gross Anatomy (cadaveric dissection)
- Histology (sectioning and H&E staining)
- Histology (Cell and tissue identification/pathology - virtual)
- Immunology (WB and Elisa)
- Genetics (tutorials)

The following information is for office use only

Nature of work: [Please tick] Teaching Non-Teaching (If Non-Teaching please specify):

Indicative Annual Amount to be paid: **End of Engagement Date:**