

LAMDA Examinations

Examiner Application Form

From November 2019

LAMDA
155 Talgarth Road
London W14 9DA

Telephone: +44 (0)208 834 0530
Email: exams@lamda.ac.uk
Web: www.lamda.ac.uk

Personal Statement: Please detail your suitability for this role using LAMDA Examiner Person Specification and LAMDA Examiner List of Duties.

Personal Details		
Full Name and Title:		
Address:		
Telephone Number(s):		
Email:		
Please indicate for the following statements:	Yes	No
I have a current driving licence		
I have my own transport		
I have access to the internet		
I own a personal and secure email account		
I own a tablet and printer		
I have an Enhanced Disclosure and Barring Service (DBS) Check within the last 3 years		
DBS Number:		
Teaching/Master Qualification		
Qualification Name: Awarded By: Class/Grade Achieved: Date Awarded: Subject/Specialist Areas: QTS Number (if applicable):		
Academic Qualifications (Higher/Further Education)		
Qualification Name: Awarded By: Class/Grade Achieved: Date Awarded: Subject/Specialist Areas:		
Qualification Name: Awarded By: Class/Grade Achieved: Date Awarded: Subject/Specialist Areas:		
Industry/Professional/Technical Qualifications		
Qualification Name: Awarded By: Date Awarded:		
Qualification Name: Awarded By: Date Awarded:		
Qualification Name: Awarded By: Date Awarded:		

Teaching Experience - Please indicate which subjects you have the qualifications and/or experience to examine:		
Subject	LAMDA Experience	Other Experience
Introductory		
Speaking Verse and Prose		
Reading for Performance		
Speaking in Public		
Acting		
Devising Drama		
Miming		
Musical Theatre		
Shakespeare		
Group Subjects		
PCertLAM		
Please indicate how long you have been teaching the LAMDA Syllabi:		
Please detail your teaching/coaching experience, to the present day, including schools and private teaching. Please only provide details that are relevant to the application, referring to the LAMDA Examiner Person Specification and LAMDA Examiner List of Duties:		
School/Institution taught at: Start and end date: Age of Learners taught: Subjects taught: Which Levels/Awarding Bodies taught:		
School/Institution taught at: Start and end date: Age of Learners taught: Subjects taught: Which Levels/Awarding Bodies taught:		
School/Institution taught at: Start and end date: Age of Learners taught: Subjects taught: Which Levels/Awarding Bodies taught:		
Please provide any further experience on a separate page and attach to this application.		
Assessment Experience		
Please detail any other Speech and Drama and/or English Language Awarding Organisations for whom you have previously examined for or are currently examining with:		
Experience Developing Qualifications/Assessment Methodology		
Please detail any experience you have had in developing qualifications and/or with developing assessment methodology (internal or external):		

Availability							
<p>The minimum contract requirement for this role is 20 days per academic year. Examiners must be available to provide the required 20 days of examining during our busiest months, listed below. Please indicate the days of the week on which you would typically be available to examine for LAMDA.</p>							
Month	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
November							
March							
April							
May							
June							
July							
Health and Wellbeing							
<p>With reference to the Examiner List of Duties and the LAMDA Examiner Person Specification, please provide details on your general fitness and wellbeing, and your ability to meet the requirements of this position. Please highlight any areas which may require LAMDA to arrange a Reasonable Adjustment to be put in place.</p>							
<p>References Please give the names and contact details of two referees to support your professional suitability for the role (references will be taken up following training):</p>							
Referee 1							
Full Name:							
Occupation:							
Address:							
Telephone:							
Email:							
Referee 2							
Full Name:							
Occupation:							
Address:							
Telephone:							
Email:							

EQUAL OPPORTUNITIES MONITORING

We are committed to ensuring that all job applicants and members of staff are treated equally, without discrimination because of gender, sexual orientation, marital or civil partner status, gender reassignment, race, colour, nationality, ethnic or national origin, religion or belief, disability or age. This form is intended to help us maintain equal opportunities best practice and identify barriers to workforce equality and diversity.

Please complete this form and return it with your application. The form will be separated from your application on receipt. The information on this form will be used for monitoring purposes only and will play no part in the recruitment process.

All questions are optional. You are not obliged to answer any of these questions but the more information you supply, the more effective our monitoring will be. All information supplied will be treated in the strictest confidence. It will not be placed on your personnel file.

Thank you for your assistance.

ABOUT THE VACANCY

Job applied for: LAMDA Examiner

Where did you hear about this job (please tick)?

Newspaper (please specify) <input type="checkbox"/>	Friend <input type="checkbox"/>	Recruitment company <input type="checkbox"/>
.....		
Company website <input type="checkbox"/>	Other website (please specify) <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>

GENDER

What is your gender (please tick)?

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

(If you are undergoing gender reassignment, please use the gender you identify with.)

GENDER IDENTITY

Do you identify as transgender/transsexual?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

ETHNIC GROUP

How would you describe your nationality and/or ethnicity (please tick)?

A	B	C
White:	Mixed race:	Asian or Asian British:
British - English, Scottish or Welsh <input type="checkbox"/>	White and Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>
Irish <input type="checkbox"/>	White and Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>
Other White background <input type="checkbox"/>	White and Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>

		Other Mixed background	<input type="checkbox"/>	Other Asian background	<input type="checkbox"/>
D		E			
Black or Black British:		Chinese and other groups:			
Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
African	<input type="checkbox"/>	Other ethnic group	<input type="checkbox"/>		
Other Black background	<input type="checkbox"/>				

AGE

What is your age (please tick)?

16–17	<input type="checkbox"/>	18–21	<input type="checkbox"/>	22–30	<input type="checkbox"/>	31–40	<input type="checkbox"/>	41–50	<input type="checkbox"/>
51–60	<input type="checkbox"/>	61–65	<input type="checkbox"/>	66–70	<input type="checkbox"/>	71+	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

SEXUAL ORIENTATION

How would you describe your sexual orientation (please tick)?

Heterosexual / straight	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Gay man	<input type="checkbox"/>	Gay woman / lesbian	<input type="checkbox"/>	Other	<input type="checkbox"/>

If you are lesbian, gay or bisexual, are you open about your sexual orientation?

	Yes	Partially	No
At home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With your manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At work generally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RELIGION OR BELIEF

Please describe your religion or other strongly-held belief.

I would describe my religion or belief as:

I have no particular religion or belief

Prefer not to say

DISABILITY

The Equality Act 2010 defines a disability as a "physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities". An effect is long-term if it has lasted, or is likely to last, more than 12 months.

Do you consider that you have a disability under the Equality Act (please tick)?

Yes No

Used to have a disability but have now recovered Don't know

Prefer not to say

Declaration
I certify that the information I have provided on this application form is true.
Sign Name:
Print Name:
Date: