

NOMINATION FOR MEMBERSHIP OF CONGREGATION



Please return to the Congregation Membership Administrator
Email: congregation.membership@admin.ox.ac.uk

The information provided on this form will be used for purposes related to your membership of Congregation including (but not limited to) the publication of the register of members of Congregation in the University Gazette (hard copy and online); the administration of Congregation elections and other Congregation business; determining access to, and providing information about, University and College services, resources and events; distribution of University publications; and keeping you informed about University matters. The information will be collected and processed in accordance with the GDPR and related UK Data Protection legislation. The University's data protection policy is available at: <https://compliance.admin.ox.ac.uk/data-protection-policy>

Please tick one of the following:

- Nomination for Faculty (and therefore of Congregation) for a member of academic staff.
- Nomination for Congregation and (where appropriate) a Faculty for the holder of a college post.
- Nomination for Congregation for a member of academic-related staff (grade 8 or above).
- Discretionary Faculty nomination by a Divisional or Faculty Board.

Personal details:

Title:

Surname:

Forenames:
(Please include ALL names in full)

Date of birth:

Sex:

Address for correspondence:

(This should be your college or department. Please include reason if otherwise)

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.....
.....

E-mail address: (This should be your college or department e-mail address. Please include reason if otherwise e.g. NHS)

.....

College Details

Please give exact description of college post held at present:

Name of College:.....

Post:

Grade (if applicable, e.g. Grade 8):

Start Date:

End Date:

Member of Governing Body? (if yes, please tick)

****Are you also being nominated for membership of a Faculty/Sub-Faculty?** (if yes, please tick)

Faculty/Sub-Faculty: (e.g. Materials/History):
.....

University/Department or Faculty Details

Please give exact description of post held at present:

Name of Department/Faculty:

Post:.....

Grade (if applicable, e.g. Grade 8):

Start Date:

End Date:

****Are you also being nominated for membership of a Faculty/Sub-Faculty?** (if yes, please tick)

Faculty/Sub-Faculty: (e.g. Materials/History):
.....

Qualifications

Are you:

1. A matriculated member of the University of Oxford? **Yes** **No**

If Yes, please state college and date of matriculation:

College:

Date:

2. A graduate of the University of Oxford? **Yes** **No**

If yes, please specify degrees held and dates conferred:

.....
.....

3. A Graduate of Cambridge or Trinity College, Dublin? **Yes** **No**

If yes:

(a) specify date of entry to first university:

(b) specify degrees held, dates(s) conferred and institution(s):

.....
.....
.....

If you wish to incorporate your Cambridge or Trinity College, Dublin degree(s) please contact the Degree Conferrals Office: degree.conferrals@admin.ox.ac.uk

4. A graduate of a university other than Oxford, Cambridge, or Trinity College, Dublin?

Yes **No**

If yes:

(a) specify date of entry to first university:

(b) specify degrees held, dates(s) conferred and institution(s):

.....
.....

5. If you are offered an MA by Resolution, would you accept it? **Yes** **No**

SECTION A: To be completed by new applicants not already holding a University Card

I wish to apply for a University Card. I understand that the personal information I provide below may be used to determine access to a range of University and College resources (e.g. premises libraries, computing services). I understand that the information I provide (including the photograph) will be collected and used in accordance with the University's staff privacy notice and the General Data Protection Regulation (GDPR). I undertake to obey the rules of any institution or facility to which I gain access by use of the card I receive.

Bodleian Declaration: I hereby undertake not to remove from the Library, or to mark, deface, or injure in any way, any volume, document, or other object belonging to it or in its custody; not to bring into the Library or kindle therein any fire or flame, and not to smoke in the Library; and I promise to obey all rules of the Library.

Please attach a RECENT photo for use on your University Card when emailing your form.

Your photo is used as a means of identification throughout the University. It is printed on your University Card and also stored digitally in record systems used by the University and colleges. Please attach a passport-sized photo.

SIGNATURE: Please sign **INSIDE** the box in black ink

A copy of your signature needs to be stored digitally alongside your other records. The "Fill & Sign" function in Adobe enables you to draw or upload a photo of your signature. **A typed signature will not be accepted.**

Bodleian Readership

Tick box if your work means that you will require access to manuscripts, early printed (pre 1801) books, or other rare materials

Previous University or Bodleian Cards, if any

Have you ever received an Oxford University card? If so, please give details of the most recent:
Barcode number (the number which appears below the barcode):

Have you ever received a Bodleian reader's card? If so, please give details of the most recent:
Bodleian reader's number or group code:.....
(reader's number pattern 98Y3543 or Group Code Group Y)
Barcode number (the number which appears below the barcode):

If you have held a card but are unable to supply the details please tick:

SECTION B: To be completed on behalf of all applicants

You must get one appropriate signature to be nominated for membership of Congregation.

(If you hold a joint college/department post either Head of College or Head of Department may sign):

- Head of College** if your main post is a college post
- Head of Department** if your main post is a University/faculty or academic-related post
- Secretary of Faculty/Divisional Board** if being made a discretionary member of a faculty

Name of authorised person:

.....

Signature of authorised person:

Date:

.....

The "Fill & Sign" function in Adobe enables you to draw or upload a photo of your signature. If you are submitting the form electronically, we will alternatively accept a typed signature together with an email from the authoriser confirming that they are happy with the application and the contents of the form.