SP1 – APPLICATION FORM

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Daytime Tel No:

Nature of Duties

| PERSONAL DETAILS | |
|--|-----------------------|
| First name (s): | Surname: |
| Any other first name, surname or maiden name known by: | |
| Date of Birth: | Title: |
| National Insurance Number: | |
| Address: | |
| | Postcode: |
| Email Address: | |
| Daytime Tel No: | Evening Tel No: |
| EMPLOYMENT DETAILS | |
| Current Occupation: | Name of Organisation: |
| Job Title: | Start Date: |
| Address: | |
| | Postcode: |

Evening Tel No:



PREVIOUS EXPERIENCE WORKING WITH YOUNG PEOPLE (VOLUNTARY OR PAID)

| Role/Position: Start Date: Relevant Experience: | Name of Organisation: End Date: |
|--|------------------------------------|
| QUALIFICATIONS | |
| ENTRY 1: School/College/University: Dates Attended: Qualifications Achieved: | |
| ENTRY 2: School/College/University: Dates Attended: Qualifications Achieved: | |
| ENTRY 3: School/College/University: Dates Attended: Qualifications Achieved: | |
| Sporting Qualifications or Training Courses Attended | |

Training Courses Attended (please include dates):



Other Information (Reason for Applying)

REFERENCES

Please provide details of two referees who you have known for a minimum of two years and who are not related to you.

One should be a current or previous employer. The other should have first-hand experience of your work with young people. (If you do not have any previous experience working with young people, then references from previous employment or someone connected to your work within volleyball will suffice.)

| REFEREE 1: Name: Address: | |
|------------------------------------|-----------|
| Tel No: | Postcode: |
| REFEREE 2: Name: Address: | |
| Tel No: | Postcode: |
| PLEASE CONTINUE ON FOLLOWING PAGES | |



APPLICANT DECLARATION

References Received?

DBS Check Obtained?

I confirm that the information I have provided in support of my application is a complete and true record.

I have read, understood and accept Volleyball England's Safeguarding & Protecting Young People Policy and Good Practice Guidance (found on www.volleyballengland.org/safeguarding) and as such I agree to fully recognise and adhere to the principles and the relevant Codes of Conduct.

| Signed: | | | Date: | | |
|-----------------------|-----|----|-------|--|--|
| Print Name: | | | | | |
| | | | | | |
| FOR OFFICIAL USE ONLY | | | | | |
| Applicant Successful? | Yes | No | | | |

No

No

Yes

Yes

