

For details of where to return this form, please email:  
awcfstaff@btconnect.com



# Coach Application Form

## Your Details

Title	Schools	Qualifications Gained
Family Name:		
Given Name:		
Address:		
E-mail:		
Telephone:		
Are there any restrictions to you working or volunteering in the UK? YES / NO (If yes please give details)	College / University	Qualifications Gained
Professional Membership Number (Awarding Body)	Other Training	

## References

Please provide details of two referees who can provide information relating to your competency in a coaching role. One of these must be your most recent employer. As you are applying to work with children and may have unsupervised access to them, we reserve the right to approach any past employer for a reference. If you are a student please provide one academic reference. In line with safer recruitment best practice we also reserve the right to contact reference prior to an interview being offered.

<b>1</b>	Name	<b>2</b>	Name
	Position		Position
	Organisation		Organisation
	Address		Address
	Postcode		Postcode
	Telephone		Telephone



### **General Comments**

Please give details here of your reasons for applying to be a coach, your main achievements so far and the strengths you would bring to the tournament. You may wish to refer to the volunteer role description for details on the required knowledge, skills and experience.

### Special Requirements (Working with Children)

Because this position involves working with children selection to be a coach is dependent on the following:

1. Your written consent to obtaining an enhanced disclosure certificate from the Criminal Records Bureau or an approved umbrella body.
2. Such disclosures are acceptable to us.
3. Proof of Identity – birth or marriage certificate (where appropriate) and passport (if available)
4. Two satisfactory written references.
5. That you will supply a photograph of yourself for retention in your records.
6. Evidence of physical or mental suitability for your work if requested.

### Cautions, Rehabilitation and Criminal Records

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 must be disclosed, and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application.

In addition you are required to submit to a Criminal Records Bureau check. Any standard or enhanced disclosure made by the CRB/SCRO will remain strictly confidential.

**Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence? YES/NO (delete as required)**

If YES, please give details;

### Declaration (Please read carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed:

Date: