



**British Volleyball Federation
Application Form**

Post Applied for: Programme Administrator		Closing date: 9 December 2011
Surname:		First Name:
Current Address:		
Tel home:	Tel mobile:	
Tel work:	email address:	

PRESENT EMPLOYMENT (please give full details):	
Position held: give a brief description of duties	Employers Name and Address:
	Telephone Number: Present Salary:
Date Of Appointment:	Period of Notice Required:

EMPLOYMENT/CAREER HISTORY (most recent first)		
Dates (From - to)	Employer	Position held, brief description of duties

EDUCATION AND TRAINING

Give details of all qualifications gained (most recent first)

School, College, University	Qualifications (with grades)

TRAINING COURSES ATTENDED IN THE PAST THREE YEARS

Course Title	Date	Brief description of course content

MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS

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MEDICAL HISTORY

<p>Do you have any health problems that may affect you in the performance of this post or are there any adjustments which need to be made? If YES please give details below</p> <p style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Have you had any illness resulting in more than 3 weeks continuous absence from work in the past three years? If Yes please give details below</p> <p style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

REFERENCES

Please give the names and address of two people who can verify or confirm your employment/educational record. If in employment, one should be your present employer.

Name:**Name:****Position held:****Position held:****Address:****Address:****Telephone Number:****Telephone Number:****Fax Number:****Fax Number:****Email:****Email:**

Please tick box if you do not wish the referees to be contacted prior to interview.

Please tick box if you do not wish the referees to be contacted prior to interview.

Do you hold a current full driving licence?

YES \ NO

Do you require a work permit?

YES \ NO

If YES, do you hold a current permit?

YES \ NO

Notice to Applicants

Before signing this form ensure that every section has been completed. You may include with your application form a supporting paper, of not more than 2 sides of A4, in which you should give details of your skills, experience, qualifications and suitability for the post.

Declaration by Applicant

I can confirm that the information I have given in this application is correct to my best of knowledge and that I am in possession of the certificates that I claim to hold. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable for dismissal.

Signed _____

Date _____

Send completed applications, **marked confidential**

By email: kenny@britishvolleyball.org

By post: British Volleyball Federation, c/o EIS Sheffield, Coleridge Road, Sheffield, S9 5DA

Evidence to Support Application (page 1)

Evidence to Support Application (page 2)

Surname:

Forename:

The information contained in this monitoring section will be treated confidentially and be only used by the staff monitoring the Equal Opportunities Policy.

Please tick as appropriate:

SEX Male () Female ()

AGE: 16-25 () 26-35 () 36-45 () 46-55 () 56 & Over ()

ETHNIC ORIGIN:

Do you consider yourself to be (tick one box only):

African/Caribbean ()

Asian
(inc. Indian, Bangladeshi, Pakistani, Chinese) ()

White - British ()

White - European ()

White -Other ()

Other (inc. mixed) ()

WOULD YOU DESCRIBE YOURSELF AS HAVING A DISABILITY?

Yes ()

No ()

National Insurance No:

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Or details of work permit granted