Sports/Fitness Coach Application Form 23/24

|  |
| --- |
| GUIDANCE ON COMPLETING THIS APPLICATION FORM* All sections of this form to be completed.
* We **do not** accept CVs/covering letters, even as part of your application. If you send your CV without completing the application fully it will be returned to you.
* Please send this application form back as a **WORD** document.
* To ensure fairness, the first two sections of this form will not be seen by the shortlisting panel. Please try to avoid putting your name anywhere else in your application.
* This information will be treated as confidential and will not be disclosed without your permission. We are required under the Data Protection Act 1999 to inform you that some data you have supplied will be held on computer or paper-based files.
 |

|  |
| --- |
| Please upload this form to the applications dropbox no later than 12 noon on Thursday the 21st of September 2023.If you have any questions, please call the Students’ Association on 0141 375 5322 or e-mail citysa@cityofglasgowcollege.ac.uk |

PERSONAL DETAILS

|  |  |
| --- | --- |
| **First Name:**  |  |
| **Surname:** |  |
| **Student Number:** |  |
| **Address:** |  |
| **Mobile tel:** |  |
| **Home tel:** |  |
| **Email:**  |  |
| **Do you require any special provisions if selected for interview?**  |
| [ ]  Yes [ ]  NoIf ‘Yes’, please give details:      |
| EQUAL OPPORTUNITIES MONITORING |
| **NON-EU citizens only: will you require a work permit to take up employment with NUS?** |
| [ ]  Yes [ ]  No If ‘yes’ please provide your home office reference number. This is to verify compliance with the Immigration, Asylum and Nationality Act 2006 |
| **Home Office Reference Number:**  |       |
| **Are there any restrictions on your continued residence or employment in the UK?** |
| [ ]  Yes [ ]  NoIf ‘Yes’ please give details:      |

EQUAL OPPORTUNITIES MONITORING

|  |
| --- |
| **Which of the following best describes your gender?**  |
| [ ]  Male [ ]  Female [ ]  Other [ ]  Prefer not to say |
| **Does the gender you live in match the gender you were assigned at birth?** |
| [ ]  Yes [ ]  No [ ]  Prefer not to say |
| **Marital status** |
| [ ]  Married [ ]  Civil Partner [ ]  Partner [ ]  Single [ ]  Prefer not to say |
| **Age band** |
| [ ]  Under 18 [ ]  18–29 [ ]  30–39 [ ]  40–49 [ ]  50–59 [ ]  60–65 [ ]  Over 65 [ ]  Prefer not to say |
| **How do you define your sexual orientation?** |
| [ ]  Lesbian/Gay [ ]  Bisexual [ ]  Straight/Heterosexual [ ]  Other [ ]  Prefer not to say |
| **Do you consider yourself to have a disability?** |
| [ ]  Yes [ ]  No |
| **If ’Yes’, broadly what is your impairment or condition?** |
| [ ]  Physical [ ]  Sensory [ ]  Mental health [ ]  Specific learning difficulty/disability [ ]  Long-term health condition [ ]  Other [ ]  Prefer not to say  |
| **Race/nationality/ethnic origin:** |
| White | [ ]  English [ ]  Scottish [ ]  Welsh [ ]  Irish [ ]  British [ ]  Other |
| Mixed  | [ ]  White and Black Caribbean [ ]  White and Black African [ ]  White and Black British [ ]  White and Asian [ ]  Other mixed background |
| Asian | [ ]  Indian [ ]  Pakistani [ ]  Bangladeshi [ ]  British [ ]  Other Asian background |
| Black | [ ]  Caribbean [ ]  African [ ]  British [ ]  Other black background  |
| Chinese | [ ]  Please specify |
| Other ethnic group | [ ]  Please specify |
| Prefer not to say | [ ]   |
| **Religion:** |
| [ ]  Christian [ ]  Jewish [ ]  Sikh [ ]  Muslim [ ]  Hindu [ ]  Buddhist [ ]  Rastafarian [ ]  None[ ]  Other religion [ ]  Prefer not to say |

For the purposes of compliance with the Data Protection Act 1998, I hereby confirm that by completing this form I give my consent to the Company processing the data supplied on this form for the purpose of equal opportunities monitoring.

|  |  |
| --- | --- |
| Signed:       | Date: |

|  |  |
| --- | --- |
| **Post Title:** | Sports Coach (Football) |

EDUCATION, QUALIFICATIONS AND TRAINING

**Planned course for academic year 2023-24**

|  |  |
| --- | --- |
| **Institution:** |  |
| **Award level (eg. NC/HNC/D)** |  |
| **Course title:** |  |
| **Start & Finish Dates:** |  |
| **Part time or full time** |  |

**Current course or course of study**

|  |  |
| --- | --- |
| **Institution:** |  |
| **Award level (eg. NC/HNC/D)** |  |
| **Course title:** |  |
| **Start & Finish Dates:** |  |
| **Part time or full time** |  |

PERSONAL DEVELOPMENT

*Other training and professional development undertaken relevant to this post*

|  |  |  |
| --- | --- | --- |
| Provider | Date | Details of training |
|  |  |  |

EMPLOYMENT HISTORY

*Please include paid and voluntary experience and explain any gaps in employment history*

CURRENT EMPLOYMENT (details of your most recent employer)

|  |  |
| --- | --- |
| **Employer name:** |  |
| **Address:** |  |
| **Role:** |  |
| **Dates:** |  |
| **Salary (excluding benefits):** |  | **Additional benefits:** |  |
| **Description of duties and responsibilities:** |
|  |
| **Reason for leaving:** |
|  |

PREVIOUS EMPLOYMENT

|  |  |
| --- | --- |
| **Employer name:** |  |
| **Address:** |  |
| **Role:** |  |
| **Dates:** |  |
| **Current salary (excluding benefits):** |  | **Additional benefits:** |       |
| **Description of duties and responsibilities:** |
|  |
| **Reason for leaving:** |
|  |

SUPPORTING STATEMENT

Please provide a detailed breakdown of how your experience and skills meet each of the requirements of the person specification for the role. Please try to give practical evidence that demonstrates that you meet the criteria. *Please limit your responses to two pages only.*

|  |
| --- |
|  |

REFEREES

All appointments are subject to receipt of satisfactory references. Please give details of two people who we can approach for references. We will not approach your referees without your permission. Both referees should be from previous employment or study; one should be your present or most recent line manager.

REFEREE ONE

|  |  |
| --- | --- |
| **Name:** |  |
| **Address (incl. Postcode):** |  |
| **Position held:** |  | **Can we approach this referee immediately?** | [ ]  Yes [ ]  No |
| **Telephone:** |       |  |       |
| **Email:** |  |

REFEREE TWO

|  |  |
| --- | --- |
| **Name:** |  |
| **Address (incl. Postcode):** |  |
| **Position held:** |  | **Can we approach this referee immediately?** | [ ]  Yes [ ]  No |
| **Telephone:** |  |  |       |
| **Email:** |  |

REHABILITATION OF OFFENDERS ACT 1974

|  |  |
| --- | --- |
| **Have you ever been convicted of a criminal offence?** | [ ]  Yes [ ]  NoIf ‘Yes’ please give details: |
| **Have you had a CRB check in the last six months?**  | [ ]  Yes [ ]  No |
| **Are you related to or do you have a personal relationship with any COGC employee?**  | [ ]  Yes [ ]  NoIf ‘Yes’ please give details:      |

DECLARATION

I declare that the details on this application are correct to the best of my knowledge and belief.
I understand that withholding relevant information or giving false information may result in my application being rejected or that I may be dismissed if I have already been appointed.

|  |  |
| --- | --- |
| Signed:       | Date:  |