Sports/Fitness Coach Application Form 23/24

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| 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. |

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| 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  No  If ‘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  No  If ‘Yes’ please give details: | | |

EQUAL OPPORTUNITIES MONITORING

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| --- | --- |
| **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.

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

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| --- | --- |
| **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.*

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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  No  If ‘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  No  If ‘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: |