SP1 - APPLICATION FORM page 1

Position Applied For:		
Personal Details		
First Name:	Surname:	
Any other first name, surname or maiden name known by:		
Date of Birth:	Gender Male/Female	
National Insurance Number:		
Address:		
	Postcode:	
Email Address:		
Daytime phone number:	Evening phone number:	
Employment Details		
Current Occupation:	Name of Organisation:	
Job title:	Start date:	
Address:		
	Postcode:	
Telephone numbers:		
Nature of duties:		
Previous Experience Working with Young People (voluntary or paid)		
Role/Position:	Name of Organisation:	
Start date:	Finish date:	
Relevant Experience:		

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Qualifications

	•		
School/College/University:	Dates attended:	Qualifications achieved:	
Sporting Qualifications or training courses attended (please include dates):			
Other Information:			
n ()			
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 while the other should have firsthand experience of your work with young people. (If you do not have any previous experience			
working with young people, then references fr	om previous employment or someone co	nnected to your work within volleyball will suffice).	
Referee 1	Referee .	2	
Name:	Name:		
Address:	Address:		
Postcode:	Postcode:		
Tel number:	Tel number	•	
Applicant Declaration			
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 Yes / No	References Yes / No	DBS check Obtained Yes / No	