

Application Form

1. PERSONAL DETAILS

Full Name: _____

Date of Birth: _____

Address: _____

Postcode: _____

Home Phone: _____

Mobile Phone: _____

E-mail: _____

2. APPLICATION FOR THE POST

Position for which you are applying: _____

Are you affiliated with a Gymnastics Association? [Yes / No] delete as appropriate

Is so, which one? (e.g., IGA, BG, etc): _____

3. EDUCATION, QUALIFICATIONS & TRAINING (list most recent first):

Name of school /college/university / training body	Dates		Qualifications gained / examinations passed / grades
	From:	To:	

Please list any memberships you hold

Membership Body	Registration Number	Date Obtained

4. RELEVANT EMPLOYMENT RECORD: (Other coaching or teaching positions)

Name of employer: _____

Address: _____

Position held: _____

Summary of duties/responsibilities: _____

Date left if no longer employed: _____

5. REQUIREMENTS FOR HIRING:

DBS:

Do you have a current enhanced DBS? [Yes/No] delete as appropriate

DBS Document Number: _____

Date of Issue: _____

RIGHT TO WORK:

Do you currently have a right to work / volunteer in the UK in accordance with the Immigration, Asylum and Nationality Act 2006? [Yes/No] delete as appropriate

National Insurance Number: _____



ID CHECK:

Document Type (e.g., Passport, Driver's Licence, etc): _____

Document Number: _____

Proof of Address Type (e.g., Bank Statement, Utility Bill, etc): _____

(Provide copy)

6. SUPPORTING INFORMATION:

Please use the space below to give us further details of your career, activities and personal interests which you think are relevant to your application.

7. REFERENCES:

Please provide details of two referees:

Referee 1 (Present/Last employer)

Name: _____

Address (inc. company name): _____

Occupation: _____

What is your connection with this referee? _____

Contact telephone number: _____

Contact email address: _____

May we obtain a reference prior to an offer of appointment? (yes/no) [delete as appropriate]

2. Referee 2 (Personal):

Name: _____

Address (inc. company name where appropriate): _____

Occupation: _____

What is your connection with this referee? _____

Contact telephone number: _____

Contact email address: _____

May we obtain a reference prior to an offer of appointment? (yes/no)

8. DECLARATION:

I certify that, to the best of my belief, the information I have supplied is true and complete and that I possess all qualifications listed on this form. I understand that any false information or failure to disclose relevant medical details, criminal convictions or prosecution pending may disqualify me from working with Evolution Gymnastics.

Signature:	Date:
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9. RETURNING YOUR APPLICATION:

Please return your application form to David Espig & Paul Hathorn, Club Co-Owners by email to evolutiongymnasticsuk@outlook.com

Office Use Only:

Verification:

Personal Checks (Type)	Documentation Provided (e.g., Passport, NI Number, etc)	Received (Y/N)	Checked / Valid (Y/N)
Proof of ID			
Proof of Address			
Right to Work			
Enhanced DBS			
Reference 1			
Reference 2			
Overseas Working Checks			
Professional Qualification			
Gymnastics Affiliation			
Child Protection / Safeguarding			
First Aid in Sport			