

**Application Form**

**You must complete this form as well as sending a copy of your C.V. Additional information may be attached. The receipt of this form will be acknowledged.**

**Data Protection Statement**

**The data collected on this application form will be held in accordance with the Data Protection (Guernsey) Law 2017 and will be used by the Guernsey Sports Commission only for the purposes of recruitment / selection and employee administration. It will not be disclosed to any third party unless required by statute or by obtaining your express consent.**

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| **O:\Sports Development\Oliver\Logos\SportColour.jpg** | **APPLICATION FORM** | | | |  |
| *I would like to be considered for the­­­­­­­­­­­­­­­­­­­­­­……………………………………………………………………………………………………………………………..role.* | | | | | |
| **PERSONAL DETAILS** | | | | | |
| *Surname:*    *Title:* Miss/Mrs/Ms/Mr  *Date of Birth:* | | *Forename(s):* | | | |
| *Home address:* | | | | | |
| *Home number:* *Work number:* | | | *Mobile number:* | | |
| *Email:* | | |  | | |
| **RIGHT TO WORK** | | | | | |
| *Do you have a valid Right To Work document?* YES / NO | | | | | |
| *Type and reference number of your Right To Work document*  *Expiry date (if any) of your Right To Work document* | | | |  | |
| **DBS CHECK** | | | | | |
| *This role may be subject to a Disclosure and Barring Service check. Please disclose any convictions you may have below.* | | | | | |

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| **HEALTH RECORD** |
| *Are you in good health?* YES / NO  *Have you had any serious illness requiring medical consultation*  *or admission to hospital in the last two years?* YES / NO  *Have you any health problems that might interfere with work?*  YES / NO |
| **PERSONAL STATEMENT** |
| *Please use this section to give information which demonstrates how you meet the criteria for the role, as stated in the job description. You may wish to include details of experience and/or skills gained through previous roles or hobbies/interests/leisure activities.* |

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| **REFERENCES** | | |
| *You may approach my present employer at this stage*   1. *(Normally this should be your current employer)*   Name:  Position:  Organisation:  Email:  Telephone:  Address: | YES/NO  2.  Name:  Position:  Organisation:  Email:  Telephone:  Address: | |
|  | | |
| *Applicant signature:* | | *Date:* |
|  | | |
| ***Please return this application form AND CV to:***  Jenny Murphy  Sports Development Officer  Guernsey Sports Commission  The Coach House  Beau Sejour Leisure Centre  Amherst  St Peter Port  GY1 2DL | | |