**JOB APPLICATION FORM**

Individuals submitting an application form for a vacancy with Lincoln City Football Club or Lincoln City Foundation, please return form to pmet@theredimps.com

**Position applied for:**

**Personal Details**

**Surname: Forename:**       **Title:**

**Address:**

**Postcode:**       **Email:**

**Tel no:**       **Mobile no:**

**National Insurance no:**

**Have you applied to work for Lincoln City FC or Lincoln City Foundation previously?**

[ ]  Yes [ ]  No

**If yes, please give details of the role:**

**General**

**Do you hold a current driving license?**

[ ]  Yes [ ]  No

**What type of license is it?**

[ ]  Full [ ]  Provisional [ ]  Passenger Carrying Vehicle (PCV)

**Do you have access to your own car or vehicle?**

[ ]  Yes [ ]  No

**About you**

**Are you a British national or a national of any EU Country?**

[ ]  Yes [ ]  No

**If not, do you have the right to work in the UK and a current work permit?**

[ ]  Yes [ ]  No

**If yes, please state the expiry date of your right to work in the UK and/or your work permit:**

**The Asylum and Immigration Act 1996 requires us to seek proof of your right to work in the UK. You will be asked to provide original and any supporting documentation during the recruitment process.**

**Do you have any medical conditions or health problems that may affect your ability to carry out the work activities for the position applied for?**

[ ]  Yes [ ]  No

**Have you ever been restricted from certain work activities in the past?**

[ ]  Yes [ ]  No

**If yes, please provide details:**

**For applicants applying for either a coaching / teaching role, please complete the below:**

**Do you hold a valid ‘FA Safeguarding Children in Football’ certificate?**

[ ]  Yes [ ]  No

**If yes, when does it expire?**

**Do you hold a valid ‘First Aid’ certificate?**

[ ]  Yes [ ]  No

**If yes, when does it expire?**

**Are you a member of the FA Coaches Association?**

[ ]  Yes [ ]  No

**If yes, please state your membership number:**

**Education and Qualifications**

(Please list secondary, further and higher education only, in chronological order)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of establishment** | **Qualifications and subjects** | **Grade and result** | **Awarding body** | **Date of award** |
|       |       |       |       |       |

**Coaching qualifications and other training courses**

 (Please give details of any relevant training courses undertaken)

|  |  |  |
| --- | --- | --- |
| **Date and duration** | **Title / name of training course** | **Brief details** |
|       |       |       |

**Memberships**

(Please list any learned / professional societies or associations/accreditations)

|  |  |
| --- | --- |
| **Name of professional society/association/accrediting body** | **Membership number** |
|       |       |

**Current employment**

(Please state exact dates and where applicable, hours for any part-time positions)

**Job title / position held:**

[ ]  Full time [ ]  Part time

**Name of employer:**       **If part-time, please state hours:**

**Start date:**       **End date:**

**Salary/ or grade:**

**Brief description of duties:**

**Reason for leaving:**

**Please list all previous employment history**

**Name of employer:       Job title / position held:**

**Full time or part-time:       Start date:       End date:**

**Salary:**

**Name of employer:       Job title / position held:**

**Full time or part-time:       Start date:       End date:**

**Salary:**

**Name of employer:       Job title / position held:**

**Full time or part-time:       Start date:       End date:**

**Salary:**

**Name of employer:       Job title / position held:**

**Full time or part-time:       Start date:       End date:**

**Salary:**

**References**

**Any offer of employment will be subject to the receipt of satisfactory references.** Please provide a minimum of 2 professional references.

**Please provide details of a minimum of TWO referees covering your last three years of employment, one of which must be your current or most recent employer. Please use BLOCK CAPITALS and give all addresses in full. References will be requested for successful candidates once you have received a conditional offer. Do you agree to us approaching your referees at that time?**

[ ]  Yes [ ]  No

**Current/most recent employer**

**Referee’s name:       Referee’s position:**

**Company and postcode:**

**Contact phone number:       Email:**

**Additional referees**

**Referee’s name:       Referee’s position:**

**Company and postcode:**

**Contact phone number:       Email:**

**Additional referees**

**Referee’s name:       Referee’s position:**

**Company and postcode:**

**Contact phone number:       Email:**

**Please outline your relevant experience, skills and abilities - gained both in and outside of work demonstrating how you meet the skills / experience detailed on the full job description provided. Please continue on a separate sheet if necessary. CV’s are NOT accepted**

**Joining the team**

**What is your notice period?**

**Do you have any holidays booked?**

[ ]  Yes [ ]  No

**If yes, please specify dates:**

**The information you provide on this form and obtained from other relevant sources will be used to process your application for work. The personal information you give will also be used in a confidential manner to help us monitor our recruitment process.**

**If you succeed with your application and are offered a contract of employment with us, the information will be used in the administration of your employment and to provide you with information about us or third party via your payslip. We may also use the information if there is a complaint or legal challenge relevant to this recruitment process.**

**We may check the information collected with third parties or with other information held by us. We may also use your information or pass to certain third parties to prevent or detect crime, to protect public funds or in other ways as permitted by law.**

**By signing the application form, you agree to the processing of sensitive personal data in accordance with the Data Protection Act 1998.**

**Decleration**

**It is important that the information you provide is accurate and that ALL sections are completed. Your signature below confirms that the information you have given is accurate and true. You understand that providing misleading or false information will automatically disqualify you from the application process and may result in the subsequent termination of your employment.**

**Signed:**

**Print name:**

**Date:**

**Strictly confidential**

**Lincoln City FC and Lincoln City Foundation is committed to ensuring that applicants and employees from all sections of the community are treated equally and not discriminated against on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation (combined, the Equality Act 2010 Protected Characteristics).**

**This form assists us in monitoring who is applying for employment with us, and our adherence to equal opportunities ‘best practice’. We also ask some questions regarding disability which may assist us in determining whether any reasonable adjustments are necessary to facilitate your interview. Any information you give will only be used by the relevant member of the Senior Management team for the purpose of ensuring the effectiveness of our Equal Opportunities Policy. This form will be separated from your application, on receipt, and will be treated in the strictest confidence. If you are subsequently employed by Lincoln City FC and/or Lincoln City Foundation it shall be retained on your personnel le. If you are not offered employment with either organisation your application will be kept for up to 12 months and then destroyed. The information supplied on this form is used for statistical purposes only.**

**Thank you for your co-operation.**

**Please state where you saw this job role advertised**

|  |  |
| --- | --- |
| **Lincoln City FC** **[ ]  Company website****[ ]  Facebook****[ ]  Twitter****[ ]  Job site, please specify:**      **[ ]  Other, please specify:**       | **Lincoln City Foundation** **[ ]  Company website****[ ]  Facebook****[ ]  Twitter****[ ]  Job site, please specify:**      **[ ]  Other, please specify:**       |

**Age & Sex**

**Are you?**

[ ]  Male [ ]  Female [ ]  Other [ ]  I prefer not to answer this question

**What is your age?**

[ ]  16-24 [ ]  25-34 [ ]  35-44 [ ]  45-54 [ ]  55-64 [ ]  65-74 [ ]  75+

**Disability**

**Do you consider yourself to have a disability or impairment?**

**[ ]** Yes **[ ]**  No

**If yes, please select from the options below:**

|  |  |
| --- | --- |
| **[ ]  Physical impairment (ambulant)****[ ]  Learning impairment / disability** (eg Down’s Syndrome)**[ ]  Hearing impairment (deaf or hard of hearing)****[ ]  Long term illness** | **[ ]  Physical impairment****[ ]  Learning difficulty****[ ]  Visual impairment****[ ]  Prefer not to answer** |

**Other (Please specify):**

**Please indicate whether you require any adjustments to enable you to attend and participate in an interview or to carry out any selection tests. Disabled applicants are invited to contact the lead name provided on the job advert in confidence, at any point during the recruitment process to discuss steps that could be taken to facilitate attendance and participation at an interview or to overcome any operational difficulties presented by the job.**

**Adjustments required for interview (including, for example, induction loop / radio aid / speech-to-text reporter / BSL interpreter / other):**

**Adjustments required for job:**

**Please give details of any other special requirements we may need to be aware of should you be selected for an interview:**

**Gender reassignment**

**If you have undergone, are undergoing or intend to undergo gender reassignment, are you?**

**[ ]** Transsexual with an acquired gender of male

**[ ]** Transsexual with an acquired gender of female

**[ ]** I do not wish to disclose this

**[ ]** Not applicable

**Religion**

**What is your religion or belief?**

|  |  |
| --- | --- |
| **[ ]  No religion****[ ]  Christian****[ ]  Buddhist****[ ]  Hindu****[ ]  I prefer not to answer this question****How would you describe your sexual orientation?** | **[ ]  Muslim****[ ]  Sikh****[ ]  Any other religion (please specify)** |

|  |  |
| --- | --- |
| **[ ]  Bisexual****[ ]  Gay Man****[ ]  Gay Woman / Lesbian****Are you currently?** | **[ ]  Heterosexual / Straight****[ ]  Other****[ ]  I prefer not to answer this question** |

|  |  |
| --- | --- |
| **[ ]  Married****[ ]  In a civil partnership** | **[ ]  Neither****[ ]  I prefer not to answer this question** |

|  |  |
| --- | --- |
| **[ ]  Pregnant****[ ]  Within 26 weeks of having given birth** (This is the definition used for maternity in the Equality Act 2010) | **[ ]  I do not wish to disclose this****[ ]  Not applicable** |

**Are you currently?**

**Are you currently?**

**Are you currently?**

|  |  |
| --- | --- |
| **A. White****[ ]  Welsh****[ ]  English / Scottish / Northern Irish / British****[ ]  Gypsy or Irish Traveller****[ ]  Other white background,***(please specify):* | **B. Mixed / multiple ethnic groups****[ ]  White and Black Caribbean****[ ]  White and Black African****[ ]  White and Asian****[ ]  Other mixed / multiple ethnic,** *(please specify):* |

**Race**

|  |  |
| --- | --- |
| **C. Asian / Asian British****[ ]  Indian****[ ]  Pakistani****[ ]  Bangladeshi****[ ]  Chinese****[ ]  Other Asian background***(please specify):* | **D. Mixed / multiple ethnic groups****[ ]  African****[ ]  Caribbean****[ ]  Other Black / African / Caribbean***(please specify):* |
| **E. Other ethnic group****[ ]  Arab****[ ]  I prefer not to answer this question** | **[ ]  Any other ethnic group***(please specify):* |

**For the purposes of compliance with the Data Protection Act 1998, I hereby confirm that by completing this form, give my consent to Lincolncity Footall Club and Lincoln City Foundation processing the data supplied above in connection with monitoring compliance with its equal opportunities, obligations and policy. I also agree to the storage of this information on mnual and computerised files.**

**Date**

**(DD / MM / YYYY)**

**Self-Declaration Form**

Lincoln City FC, Lincoln City Foundation and its staff are fully committed to the safeguarding and welfare of children and vulnerable adults regardless of their age, gender, language, religion, ethnic background or sexual identity. We recognise that safeguarding is the responsibility of everyone who has contact with children, young people and vulnerable groups and we are dedicated to providing a positive environment, enjoyable experiences and to protect from harm.

We therefore ask you to complete the below self-declaration form which will form part of your overall application.

**Rehabilitation of Offenders Act Statement**

This position is exempt from the provisions of the Rehabilitation of Offenders Act 1974. You are advised under the provisions of the Rehabilitation of Offenders Act 1974 (exceptions) order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions Amendment) Order 1986 that you should declare all criminal convictions found against you – including ‘spent’ convictions. You are not entitled to withhold information about convictions or cautions that would otherwise be considered ‘spent’. Please circle either ‘Yes’ or ‘No’ for each question.

**Have you ever;**

|  |  |
| --- | --- |
| Been convicted of any offenceBeen subject of a caution, reprimand or final warning; a Bound Over OrderAre you at present the subject of pending prosecutions or current criminal investigations?Are you disqualified from working with children and young people, either through a court imposed disqualification order or through your inclusion on either the Department of Health or Department of Education and Skills Lists of those banned from working with children or The POCA Register? | **[ ]** Yes **[ ]**  No**[ ]** Yes **[ ]**  No  **[ ]** Yes **[ ]**  No **[ ]** Yes **[ ]**  No  |
| Are you a person known to any social services department as being an actual or potential risk to children?Have you OR a member of your family living with you OR a person not related to you but living in your home, been the subject of a child protection investigation or enquiry either currently or in the past?Have you ever had a child for whom you had caring or parental responsibility removed from your care?Have you ever had a child for whom you had caring or parental responsibility on the child protection registers?Are you the subject to any pending disciplinary action against you or have you been subject to a disciplinary investigation?Has a previous employer ever taken disciplinary action against you or have you been subject to a disciplinary investigation?Have you had a disciplinary sanction from the FA or other governing body relating to child welfare or child abuse?Have you ever been suspended or are you currently suspended by the FA or other governing body relating to child welfare or child abuse?Have you ever been investigated for any safeguarding issue?Have you ever been dismissed by a previous employer because you were considered a risk to vulnerable groups? Have you ever been asked to leave a sporting organisation because you were considered a risk to vulnerable groups?Has a young person made an allegation against you involving abuse, malpractice or professional misconduct? | **[ ]** Yes **[ ]**  No **[ ]** Yes **[ ]**  No **[ ]** Yes **[ ]**  No **[ ]** Yes **[ ]**  No **[ ]** Yes **[ ]**  No **[ ]** Yes **[ ]**  No **[ ]** Yes **[ ]**  No **[ ]** Yes **[ ]**  No **[ ]** Yes **[ ]**  No **[ ]** Yes **[ ]**  No **[ ]** Yes **[ ]**  No **[ ]** Yes **[ ]**  No   |

**Do you have a DBS (Disclosure & Barring Service) Enhanced Check?**

**[ ]** Yes **[ ]**  No

**If yes please state valid from date: Issued by: DBS no:**

Issued by:DBS no:

**Have you signed up to the DBS update service?**

**[ ]** Yes **[ ]** No

We will need to know if your circumstances have changed since the offending behaviour and whether you can give us reassurance that this is in the past and you are a reformed character. At the interview, we will ask you to clarify the information in your application.

If you are attaching additional information relating to the above questions please tick this box

**Self-Declaration Form**

I have read and understood what has been asked of me in this form. I confirm the information that I have provided in support of my application is a complete and true record and there is no reason I cannot work with children or young people (under 18) or vulnerable adults.

I agree to notify my employer of any pending prosecutions / cautions / warnings / reprimands or convictions whilst I remain in post.

I understand that to give false information, failure to disclose information or subsequent failure to conform to the Code of Conduct may result in disciplinary action.

If successful in my application, I agree to undertake a DBS Enhanced Disclosure Check, at the expense of my employer in accordance with Lincoln City Football Club and Lincoln City Foundation’s recruitment procedures.

**Signed:**

**Print name:**

**Date:**