Activity Alliance job application form

Indicate what position you are applying for: 1. Personal information First name: Surname: Address: **d.** Postcode: Daytime telephone number: Mobile telephone number: Full driving license? (Please tick): Yes No Endorsements? (Please tick): Yes No If YES, please give further details including dates: Do you have any unspent convictions? (Please tick): Yes No

k.	Note: Please tick "yes" if you have any convictions that are not yet spent under the Rehabilitation of Offenders Act 1974. The term "convictions" is used to refer to any sentence or disposal issued by a court. If all your convictions are spent, you can indicate "No"
	If you are not sure if your convictions are unspent or spent, you can use a toll available at www.disclosurecalculator.org.uk Yes N
l.	Have you worked for, applied for or been in employment with Activity Alliance/English Federation of Disability Sport before? (Please tick): Yes N
m.	Do you need a work permit to take up employment in the UK? (Please tick): Yes N
n.	How much notice are you required to give to your current employer? o. Salary expectation:
p.	We are committed to the employment and career development of disabled people. As part of this commitment, all disabled applicants covered by the Equality Act 2010 who meet the essential criteria of the person specification for this position (please refer to job description) will be guaranteed an interview. Please indicate if you wish to apply under this scheme by ticking yes or no:
	you are disabled, whether you are applying under the scheme or not, we will ask you to let us now if you need any specific arrangements / adjustments at each stage of the selection process.
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2. Education and qualifications

a. Secondary and further education (including college and/or university) establishment (please indicate name, dates you attended the establishments, subject and grades):

Callaga / University name	Date attended		Subject/c	Cuada la
College / University name	From	То	Subject/s	Grade/s

More space for secondary and further education available on next page...

Callaga / University name	Date attended		Subject/c	Grade/s	
College / University name	From	То	Subject/s	Graue/S	

b. Professional qualification body (please indicate name, dates you attended the establishments, subject and grades):

Ovalification hads	Date attended		Subject/o	Cua da la	
Qualification body	From	То	Subject/s	Grade/s	

c.	Other (please indicate any other qualifications that you might think are relevant to this application):
d.	Indicate details of membership for any technical or professional associations:
• • •	•••••••••••••••••••••••••••••••••••••••
3.	Employment
a.	Are you currently employed? (Please tick): Yes No
b.	Please give the name of the present or the most recent employer:
_	
C.	Please give the address of the present or the most recent employer:
d.	Please indicate telephone number of the
	present or the most recent employer:
e.	Please indicate nature of business of the present or the most recent employer:
C .	- Trease marcate mature or business of the present of the most recent employer.
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f.	Please give the job title and a brief description of your duties:
g.	Please supply the length of service in this role From to
	(Dates when you started and finished):

h.	Please give details of your past employment (indicate name and address, dates you were
	employed, position held and reason for leaving for each of your past places of employment):

Employer name	Date employed		Position	Descen for Leaving	
and address	From	То	Position	Reason for Leaving	

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4	4. Interests and achievements					
V	Write about your interests and achievements:					

5. Supporting statement

6. Disclosures

at risk, which	ble applied for involves frequent or regular contact with or responsibility for children or adults staff may also be required to provide a valid DBS (Disclosure and Barring Service) certificate will provide details of criminal convictions. This may also include a Barring List check depending nature of the role.			
••••				
7. D	eclaration			
	I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal.			
	In accordance with the Data Protection Act 2018, information collected during this application process will be solely used for the purposes of recruitment for this role and will be removed from our systems in accordance with our organisational policies. I confirm that by signing this declaration I am happy for my data to be used by Activity Alliance for this purpose.			
Please	refer to our privacy notice at www.activityalliance.org.uk/privacy for more details.			
8. S	gnature			
Please	sign:			
Date:				

9. References

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference. Please give us their contact details such as postal address, telephone number or an email address:

Reference 1	Reference 2
Can we approach your current employer before an	offer of employment is made? Yes No
Please write where you heard about this vacancy:	
If you have any firmth or averations along a size years	JI an 01500 227750
If you have any further questions please give us a ca	
Please visit our website www.activityalliance.org.u	it vou would like

Activity Alliance Pledge

to learn more about Activity Alliance.

Activity Alliance is working with Mind on our mental health at work and workplace wellbeing, to be an inclusive and welcoming organisation to people with mental health problems.

Activity Alliance is the operating name for the English Federation of Disability Sport. Registered Charity No. 1075180

activityalliance.org.uk