**Application Form**

When completed this form should be emailed to [admin@allaboardwatersports.co.uk](mailto:admin@allaboardwatersports.co.uk). Alternatively, it can be posted marked 'Private and Confidential' to: Administrator, All-Aboard Watersports, Baltic Wharf, Cumberland Road, Bristol, BS1 6XG.

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| **POST APPLIED FOR:** |
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| **WHERE DID YOU SEE THE POST ADVERTISED?** |
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| **PERSONAL DETAILS:** | | |
| Title: | Surname: | Other names in full: |
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| **ADDRESS:** | |
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| **TELEPHONE AND E-MAIL:** | |
| Mobile: | E-mail: |
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| **REFERENCES:** | |
| Please give names and addresses of **two** persons to whom application for a reference may be made. At least one should be a professional reference, ideally with first-hand knowledge of your previous work with children and / or vulnerable adults. References from relatives will not be accepted. | |
| NAME, ADDRESS, TEL/EMAIL: | **CAPACITY IN WHICH THEY KNOW YOU I.E. MANAGER:** |
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| **EDUCATION:** *Please indicate all qualifications, starting with the most recent adding extra lines if required* | |
| **School, College or University & dates attended:** | **Qualifications gained/subjects and grades:** |
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| **RELEVANT TRAINING / PROFESSIONAL QUALIFICATIONS:** *Add extra lines if required* | |
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| **EMPLOYMENT HISTORY:** *Please account for any gaps in employment history at the end of this section* | |
| **Current / Most Recent Employment (please give dates)** | |
| **Employer’s name and address:** | |
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| **Salary:** |  |
| **Reason for Leaving:** |  |
| **Position held, duties and responsibilities:** | |
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| **Previous Employment** *Please start with the most recent and work backwards adding extra lines if required* |
| **Employer’s name and address (please give dates):** |
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| **Position held, duties and responsibilities:** |
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| **Employer’s name and address (please give dates):** |
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| **Position held, duties and responsibilities:** |
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| **Position held, duties and responsibilities:** |
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| **Employer’s name and address (please give dates):** |
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| **Position held, duties and responsibilities:** |
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| **Please explain any gaps in your employment history:** |
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| **SUITABILITY FOR POST**  **Please could you provide evidence drawing from your previous experience that clearly demonstrates your suitability for this post as outlined in the Job Description and Person Specification. Your response should not exceed 2 sides of A4.** |
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| **DECLARATION:** | |
| **Data Protection Act:** In order to recruit to this post *All-Aboard Watersports* will (within the terms of the General Data Protection Regulations 2018) process personal information given in connection with this application. Information relating to the successful applicant will form part of personnel records. No other use will be made of information about applicants. | |
| **Consent:** I consent to the processing of personal information in the way described.  **Declaration:** I declare that to the best of my knowledge the information given on this form is correct and understand that misleading statements or deliberate omission may be sufficient grounds for cancelling any appointment arising from this application. | |
| **Health:** I declare that to the best of my knowledge I am fit to participate in the activities and operation of All-Aboard and I will inform the CEO should my health situation change.  *Please note that illness, disability or medical condition need not necessarily prevent you working at All-Aboard or taking part in any activity, but the CEO must be aware of any potential adjustments required.* | |
| **To the best of my knowledge the information I have given on this form is correct.** | |
| **Signature:** | **Date:** |

**Self Disclosure Form**

Self disclosure form for applicants for posts involving contact with children and/or vulnerable adults.

All-Aboard Watersports is committed to safeguarding children from physical, sexual and emotional harm. As part of our Safeguarding & Child Protection policy, we require applicants for posts involving contact with children to complete this self-disclosure form. Having a criminal record will not necessarily bar you from working with us. This will depend on the nature of the position and the circumstances and background of your offences.

**Full name:**

**1.** **Have you ever been convicted of any criminal offences?** YES 🗆 NO 🗆

**If yes, please supply details of any criminal convictions.**

Note: You are advised that 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 you should declare all convictions including ‘spent’ convictions, cautions, warnings and reprimands.

**2. Are you a person known to any Children and Families Social Care Department as being an actual or potential risk to children?**

YES 🗆 NO 🗆

**If yes, please supply details.**

**3. Have you ever had any disciplinary sanction relating to child abuse?**

YES 🗆 NO 🗆

**If yes, please supply details.**

Declaration: I declare that to the best of my knowledge the information given above is correct and understand that any misleading statements or deliberate omission may be sufficient grounds for cancelling my appointment. I understand that I may be asked to apply for a Criminal Records Disclosure and consent to do so if required. I understand that the information contained in this form and in the Disclosure may be disclosed, where strictly necessary, to regulatory bodies and/or third parties who have an interest in child protection issues.

Signed: Date:

Note: if the applicant is aged under 18, this form should be counter-signed by a parent or guardian

**Equality and Diversity Monitoring Form**

All-Aboard Watersportswants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary.

The information you provide will stay confidential, and be stored securely and limited to only some staff in the organisation’s Human Resources section.

**Gender** Male 🗆 Female 🗆 Prefer not to say 🗆

**Are you married or in a civil partnership?** Yes 🗆 No 🗆 Prefer not to say 🗆

**Age** 16-24🗆 25-29 🗆 30-34 🗆 35-39🗆 40-44 🗆 45-49 🗆

50-54 🗆55-59 🗆 60-64 🗆 65+ 🗆 Prefer not to say 🗆

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***White***

English 🗆 Welsh 🗆 Scottish 🗆 Northern Irish 🗆 Irish 🗆

British 🗆 Gypsy or Irish Traveller 🗆 Prefer not to say 🗆

Any other white background, please write in:

***Mixed/multiple ethnic groups***

White and Black Caribbean 🗆 White and Black African 🗆 White and Asian 🗆 Prefer not to say 🗆 Any other mixed background, please write in:

***Asian/Asian British***

Indian 🗆 Pakistani 🗆 Bangladeshi 🗆 Chinese 🗆 Prefer not to say 🗆

Any other Asian background, please write in:

***Black/ African/ Caribbean/ Black British***

African 🗆 Caribbean 🗆 Prefer not to say 🗆

Any other Black/African/Caribbean background, please write in:

***Other ethnic group***

Arab 🗆 Prefer not to say 🗆 Any other ethnic group, please write in:

**Do you consider yourself to have a disability or health condition?**

Yes🗆 No 🗆 Prefer not to say 🗆

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

**What is your current working pattern?**

Full-time 🗆 Part-time 🗆 Prefer not to say 🗆

**What is your flexible working arrangement?**

None 🗆 Flexi-time 🗆 Staggered hours 🗆 Term-time hours 🗆

Annualised hours 🗆 Job-share 🗆 Flexible shifts 🗆 Compressed hours 🗆

Homeworking 🗆 Prefer not to say 🗆 If other, please write in:

**Do you have caring responsibilities? If yes, please tick all that apply**

None 🗆 Primary carer of a child/children (under 18) 🗆

Primary carer of disabled child/children 🗆

Primary carer of disabled adult (18 and over) 🗆 Primary carer of older person 🗆

Secondary carer (another person carries out the main caring role) 🗆

Prefer not to say 🗆