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Tigers Sport and Education Trust NCS Sumer Staff 2017

Application Form

Please complete this application form in black ink or type for ease of copying.

Role Details

Role Title:

Personal Information

Title:

Surname:

Forename(s):

Address:

Postcode:

Date of Birth:

Age:

Contact details

Mobile:

E-mail:

Other information

- Do you have any unspent criminal convictions? Yes No

If so, please give details:

If you answered YES, the procedures under our policy on employment of ex-offenders will apply (includes volunteer roles). You may request a copy of the policy

- Do you hold a valid driver's licence and your own Yes No

Past experience: this can include voluntary work, paid work and personal experience (continue on a separate sheet if necessary)

Dates	Type of experience or employer	Overall role	Experience or skills gained
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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Education or Training

Please give details of any courses you have attended and educational qualifications you have achieved (continue on a separate sheet if needed)

Dates	School/college/university/course	Details of course	Qualifications

Supporting Statement

Tell us about yourself and why you feel your knowledge, experience and skills would make you suitable for a volunteer role. Please also state the type of voluntary role you are interested in (use additional sheets if necessary).



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Availability

Please tick the waves that you will be available to attend?

Wave 1 26/06/17 – 21/07/17

Wave 2 03/07/17 – 28/07/17

Wave 3 17/07/17 – 11/08/17

Wave 4 24/07/17 – 18/08/17

Wave 5 07/08/17 – 01/09/17

References

Please give names and addresses of at least two people. This could be a past employer, support worker or someone you have known other than family for more than 3 years with knowledge of you and your skills to which reference can be made.

Name:	
Occupation:	
Address:	
Postcode:	
Tel:	
Email:	
Relationship to you:	

Name:	
Occupation:	
Address:	
Postcode:	
Tel:	
Email:	
Relationship to you:	

May we take up references before the interview stage?

Yes No



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Declaration

During the course of your volunteering, your activities may be recorded through photographs and video. Do you consent that the images of you may be used in media or publicity materials and celebration publications produced by Tigers Sport and Education Trust.

Yes No

- You are required to sign the declaration below certifying that all the information you have provided is accurate.
- We may wish to check any of the details you have provided. Providing incorrect information or deliberately concealing any relevant facts may result in disqualification from the selection process or, where discovery is made after commencement of the volunteer role, the ending of the relationship.

I declare that, to the best of my knowledge, the information on this form is correct and that I have not left out significant information in a way intended to mislead.

Signature:		Date:	
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When completed please forward to: Matt Conway (NCS Project Manager), Tigers Trust Offices, Airco Arena, Walton Street, Hull, HU3 6GA

Email: matt.conway@tigerstrust.co.uk



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Tigers Sport and Education Trust Equal Opportunities Form

Surname:	
Forename(s):	

Ethnicity

Asian or Asian British:	Mixed:
Indian <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>
Pakistani <input type="checkbox"/>	White & Black African <input type="checkbox"/>
Bangladeshi <input type="checkbox"/>	White & Asian <input type="checkbox"/>
Other Asian background (please specify):	Other mixed background (please specify):
Black or Black British:	White:
Caribbean <input type="checkbox"/>	British <input type="checkbox"/>
African <input type="checkbox"/>	Irish <input type="checkbox"/>
Other Black background (please specify):	Other white background (please specify):
Chinese <input type="checkbox"/>	Other background (please specify):

Gender and Gender Identity

Male <input type="checkbox"/>	Female <input type="checkbox"/>	Transgender <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
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Sexual Orientation

Heterosexual <input type="checkbox"/>	Homosexual <input type="checkbox"/>	Bisexual <input type="checkbox"/>	Other <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
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Please indicate if you identify as having one or more of the following:

Learning Disability <input type="checkbox"/>	Mental Health issues <input type="checkbox"/>	Long-term illness <input type="checkbox"/>
Multiple Disabilities <input type="checkbox"/>	Physical Disability <input type="checkbox"/>	Sensory Disability <input type="checkbox"/>
Other (please specify):	Prefer not to say <input type="checkbox"/>	Non Disabled <input type="checkbox"/>

We will hold and use your details to monitor diversity and to evaluate and improve our services in partnership with key funding bodies. A hard copy of this form is kept for audit purposes and your details will be stored according to data protection law on a central database. We will not divulge any personal information to other agencies without your consent.