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| JOB APPLICATION FORM |

We want to make all opportunities at Glamorgan County Cricket Club accessible to anyone who wants to apply. If submitting a written application is not the best way to tell us about your skills and experience, please let us know and we will discuss it with you.

**We are committed to providing a safe and inclusive environment here at Glamorgan.  All applications for all roles at Glamorgan County Cricket Club will be subject to safer recruitment principles.  Applicants will be required to complete a self-declaration form, will have references checked and dependent upon role may be required to obtain Enhanced DBS vetting.**

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| **Position Applied For:** |  |

|  |  |  |
| --- | --- | --- |
| **Title** |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** |  | **Family Name** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Home Address** |  | **Postcode** |  |

|  |  |
| --- | --- |
| **Home Telephone** |  |
| **Mobile Telephone** |  |
| **Personal Email** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **National Insurance Number** |  | **Passport Number**  (if applicable) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal Details:** | | | |
| Date of Birth: |  | Nationality: |  |

|  |  |
| --- | --- |
| **I confirm that I have the right to work in the UK**  *(You will be asked to provide evidence in due course)* | Yes / No |

|  |  |
| --- | --- |
| **Do you hold a valid full Driving Licence** | Yes / No |

**Next of Kin Emergency Contact Details**

|  |  |
| --- | --- |
| **Name & Relationship** - |  |
| **Emergency Contact Number -** |  |

**If a current/former Glamorgan County Cricket Club employee has recommended you apply for this role, please supply their name:**

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| **Do you consider yourself to have a disability:** | Yes / No |

*If so, please supply details below, including whether GCCC can supply any assistance or support for your application, or the role applied for.*

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**Academic/Professional Qualifications**:

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| --- | --- | --- |
| Name and Address of School/Institution | Date/s | Qualification (including grade where applicable) |
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|  |  |  |
|  |  |  |

*(Please add additional lines as needed)*

**Training**:

|  |  |  |  |
| --- | --- | --- | --- |
| Course Title | Content | In Company/  External? | Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*(Please add additional lines as needed)*

**Membership of Professional Institutions**:

|  |  |  |
| --- | --- | --- |
| Name of Body | Membership Status | Date Awarded |
|  |  |  |

**Current/Most Recent Employment:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Address of Employer |  | | |
| Job Title |  | | |
| Full or Part Time |  | | |
| Date of Appointment |  | Date Left (if applicable) |  |
| Notice Period |  | Annual Salary |  |

**Previous Employment:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employer | Date From: | Date To: | Position held / duties | Salary | Reason for Leaving |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*(Please add additional lines as needed)*

**References:**

**Please supply two referees, one of which should be your most recent employer. Both will be contacted during this process.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relationship | Email | Telephone |
|  |  |  |  |
|  |  |  |  |

**Office use only**, Ref 1 confirmed \_\_\_\_\_\_, Ref 2 confirmed \_\_\_\_\_\_.

**Any Other Information of Relevance:**

*(i.e., any additional information relevant to your application, for example specific skills, experience, or achievements):*

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**Declaration and Consent:**

*By providing the information contained within this form, I am consenting to its use for the purpose of processing my application in paper and/or electronic format. Should I be successful in this application, I understand a copy will be retained for the entire period of my employment.*

*I consent to completing a self-declaration form and commit to providing accurate and full information. I confirm that the information given by me in this application form is to the best of my belief, correct in every way. I understand that giving false or incomplete information could result in my rejection from employment or subsequent dismissal.*

*Any offer of employment will be subject to satisfactory references, health disclosure, qualification checks, registration/professional body registration checks, completion of a probationary period and right to work in the UK check. Other conditions may be required dependent upon the role.*

***I confirm that, to the best of my knowledge, the information given on this form is correct.***

|  |  |
| --- | --- |
| Signed: |  |
|  |  |
| Date: |  |