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**Application Form**

**Swimming Coach**

**Personal Details**

Name:

Address:

Postcode:

Mobile No:

Email address:

Current Job Title:

Current Employer:

Notice Period:

Current Salary:

Are you eligible to work in the UK? Yes No

Is your right to work time limited? Yes No

Hamilton College is committed to the Wellbeing of all the children and young people in our care. We uphold the highest standards of Safeguarding and Child Protection protocols, to ensure the safety and wellbeing of our community. The successful applicant will be subject to enrolment on the Protection of Vulnerable Groups scheme and criminal record checks.

Are you an existing PVG Scheme member? Yes No

If Yes, please enter your number

Hamilton College welcomes applications from applicants who assess themselves as having a disability who meet the minimum criteria for the job. To help you, a disability is defined as a physical (e.g. mobility difficulties, hearing or sight impairments) or mental impairment (e.g. learning disabilities), which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability? Yes No

**Qualifications**

Please enter your qualifications in descending order starting with the most relevant qualification.

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| --- | --- | --- |
| Qualification | Awarded by | Subject & Result |
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**Work History**

Please note when entering Work History this must include current and all previous employment. Entries must include any time spent at School, College, University, Career Breaks, Periods of Unemployment, Volunteering, or Travelling/Time Spent Abroad and these dates must run consecutively with no gaps in the period prior to the date of your submitted application.

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| --- | --- | --- | --- | --- |
| Place of Previous Employment & Role | Date(s) | Summary of Job Description | Impact, experience you had in the position | Reason for leaving |
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**Professional Learning**

Please enter your professional learning from the past 3 years.

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| Professional Learning | Date(s) of Professional Learning | Summary of learning | Impact |
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**Please answer the following questions.**

Please summarise why you consider yourself suitable for this post and indicate the main contributions you feel you could make to the school and the Sport and Activities programme.

Please give examples of how you have worked as an effective member of a team.

Please give examples of how you engage learners of differing ability.

Describe a situation in a previous role where you had to follow strict rules and procedures.

Professional development and training are key to continuous growth as a professional. Describe some training or professional learning you have undertaken and what the impact has been on both you and the learners you coach.

**REHABILITATION OF OFFENDERS ACT 1974 (EXCLUSIONS AND EXCEPTIONS) (SCOTLAND) ORDER 2013**

The Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Order 2013 (as amended) applies to many posts within Hamilton College.

Successful candidates for specific posts identified under the above legislation within the council which have been identified as being included under the Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Order 2003 (as amended) will require to submit a Disclosure Application (Police Check), the results of which might impact on your suitability to work in a particular job.

**DECLARATION (Read Carefully)**

* I declare that I have not been found guilty and sentenced by a court for a criminal offence, either in the UK or abroad.
* I give my consent to Hamilton College to carry out a Protection of Vulnerable Groups Scheme check and to request references to verify the information I have provided in this form.
* I agree to inform Hamilton College if I am convicted of a criminal offence before or after I take up any post within the organisation. I understand that failure to do so could lead to disciplinary action and termination of employment.
* I declare that I have not withheld any information.

I certify that all the information contained in this form and any attachments is true and correct to the best of my knowledge. I realise that false information or omissions may lead to dismissal without notice and that canvassing staff or members of the Board of Governors, directly or indirectly, in connection with this job will disqualify me.

Signature

Date

**References**

Name &

position of

referee

Address &

Contact

Information

Can we contact this referee prior to interview? Yes No

Please note the name and contact details for another referee should we wish to contact them.

Name &

position of

referee

Address &

Contact

Information

Can we contact this referee prior to interview? Yes No

**Top of Form**