



# Staff Application Form

Applicants are requested to complete ALL parts of this application form.

Vacancy applied for and personal details.

Vacancy for:			
Surname:		First names:	
Date of birth:		National Insurance no.:	
Address (permanent):		Address (to which communication should be sent, if different from permanent address):	
Telephone no.:			
Email Address:			
When could you commence duties if appointed?			
Where did you see this vacancy advertised?			

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## Current or last employment

Current  or last  employment (tick applicable)

Employment start date:		Employment end date (if applicable):	
Job title:		Present or last salary:	
Reason for leaving:			
Employer name and address:		Salary scale (if applicable):	

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Duties and responsibilities:

### Previous employment and experience

Please ensure there is a continuous education/employment history. Use extra sheets if required.

Employer (and nature of business)	Designation of post <small>(Job title, main duties, staff supervised (if any) and details of any special experience / responsibilities)</small>	Grade and salary	Start and end dates	Reason for leaving

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## Education and Qualifications

In chronological order, please give full details of secondary schools, colleges and universities attended and qualifications obtained, including: (a) School leaving examinations (b) National Vocational Qualification (c) Teaching certificate or postgraduate certificates/ diplomas: state course pursued and main subjects (d) Degree (specify whether Pass or Hons, class, division, and subject) (e) Any other certificates or diplomas.

**Please note – You may be required to provide original certificates as evidence of the qualifications you state on your application form.**

Name of educational establishment	Qualification (see above notes)	Full or part time	Start and end dates

## Professional / Managerial / Apprenticeship

If appropriate please give details of any training experience, additional qualification gained, membership of professional body etc.

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Can you please detail how you would fulfil the job role and support the vision of Hartlepool Sport (Please continue on a separate sheet if necessary, no more than 2 A4 pages)

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Do you have any other relevant information you wish to share in support of your application:

**Referees**

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An essential part of your application is the inclusion of two or three persons who are willing to provide reference. If you are currently employed one of those should preferably be your employer. If not currently employed, please give a previous employer. If you have not had previous employment, please give someone who has known you at least two years (please state position or status). A reference will normally be sought from the applicant's present employer unless the applicant specifically requests that this should not be done.

Referee 1:
Name:
Position:
Company:
Address:
Capacity known to you:
Tel. No.:
Email address:

Referee 2:
Name:
Position:
Company:
Address:
Capacity known to you:
Tel. No.:
Email address:

Referee 3:
Name:
Position:
Company:
Address:
Capacity known to you:
Tel. No.:
Email address:

Can this referee be contacted without further reference to you?

Yes  No

Can this referee be contacted without further reference to you?

Yes  No

Can this referee be contacted without further reference to you?

Yes  No

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The PFC Trust has an Equality & Diversity Policy and sub-policies in accordance with legislation. It aims to end discrimination, wherever it may exist, on the grounds of age, sex, sexual orientation, gender reassignment, race, religion or belief, disability, pregnancy and maternity in relation to recruitment, promotion and development of its staff and the provision of its services to the public.

More information on our policies can be found <https://www.thepfctrust.org/policies>

The successful applicant will be subject to a DBS Check at the appropriate level for the post.

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Do you have any family or close relationships with person(s) employed or involved in The PFC Trust or Lets Connect?

Yes  No

If yes, please give details (whom and relationship):

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Data Protection

We would like to collect and keep information from job applicants so that we can send details of future job opportunities to you. We would like to keep your contact details and details of your application. If you are unsuccessful in your application and you consent to us retaining your information for this purpose, please indicate by ticking the box above.

*The canvassing of staff/trustees of either Hartlepool Sport or The PFC Trust will result in the disqualification of any application.*

**I declare that all particulars given in this form are true and accurate to the best of my knowledge.  
I understand that to falsify or withhold information may lead to any offer of employment being withdrawn or my employment to be terminated.**

Signed:

Date:

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When Complete, this form, with any covering letter, should be sent to:  
Mike Walker, Trust Administrator at [pfc.trust@outlook.com](mailto:pfc.trust@outlook.com)

**If you are not called for interview via email within 30 days of the closing date, please assume that you have been unsuccessful in your application. Subsequent to interview, the successful candidate will be required to provide information to establish their eligibility to work in the UK, verification of previous employment and qualifications.**

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## EQUALITY & DIVERSITY MONITORING FORM

Hartlepool Sport and The PFC Trust aim is to ensure that all applicants are treated equally irrespective of the protected characteristics described in the Equality Act 2010 i.e., age, disability, gender reassignment, sex, race, religion or belief, sexual orientation and pregnancy and maternity. To assist in the monitoring of the equality and diversity policy and to ensure that we do not inadvertently discriminate against you, please provide the following information. This information will be kept strictly confidential.

This form will not be used as part of the selection process. It will be used for statistical monitoring only.

### DATE OF BIRTH

DATE OF BIRTH [DD/MM/YYYY]

### I WOULD DESCRIBE MY ETHNICITY AS:

BANGLADESHI <input type="checkbox"/>	BLACK - CARIBBEAN <input type="checkbox"/>	MIXED-WHITE+OTHER BLACK <input type="checkbox"/>	WHITE-ENGLISH <input type="checkbox"/>
INDIAN <input type="checkbox"/>	BLACK - OTHER <input type="checkbox"/>	MIXED WHITE+ BLACK CARIBBEAN <input type="checkbox"/>	WHITE - IRISH <input type="checkbox"/>
PAKISTANI <input type="checkbox"/>	CHINESE <input type="checkbox"/>	WHITE-BRITISH <input type="checkbox"/>	ANY OTHER <input type="checkbox"/> *Please state below
OTHER ASIAN <input type="checkbox"/>	MIXED-WHITE + ASIAN <input type="checkbox"/>	WHITE-SCOTTISH <input type="checkbox"/>	
BLACK AFRICAN <input type="checkbox"/>	MIXED-WHITE+ BLACK AFRICAN <input type="checkbox"/>	WHITE-WELSH <input type="checkbox"/>	PREFER NOT TO SAY <input type="checkbox"/>

\* ANY OTHER ETHNICITY

### RELIGION OR BELIEF

RELIGION OR BELIEF [PLEASE STATE]	
NO RELIGION	
PREFER NOT TO SAY	

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**GENDER**

PLEASE PLACE A X IN THE APPROPRIATE BOX	FEMALE	<input type="checkbox"/>	MALE	<input type="checkbox"/>	PREFER NOT TO SAY	TO	<input type="checkbox"/>
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**I WOULD DESCRIBE MY SEXUAL ORIENTATION AS:**

BISEXUAL	<input type="checkbox"/>	GAY MAN	<input type="checkbox"/>
HETEROSEXUAL / STRAIGHT	<input type="checkbox"/>	GAY WOMAN / LESBIAN	<input type="checkbox"/>
OTHER	<input type="checkbox"/>	PREFER NOT TO SAY	<input type="checkbox"/>

**DISABILITY / HEALTH CONDITION**

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY?	<input type="checkbox"/>	YES	NO	PREFER NOT TO SAY
WHAT IS THE EFFECT OR IMPACT OF YOUR DISABILITY?	<input type="text"/>			

PLEASE SPECIFY ANY SPECIAL REQUIREMENTS YOU MAY NEED IF CALLED FOR INTERVIEW:

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Applicant No:	<input type="text"/>