## **Adaptive Boxing Organisation CiC**

## **APPLICATION FORM FOR COACHES AND VOLUNTEERS**

Club	Association	
Position Applied For		
Tosition Applied For		
Personal Details		
Title (Mr/Mrs/Ms/Miss):	T	
Surname:	First name(s):	
Any first name, surname or maiden name previously known by:		
Date of birth:	Place of birth:	
National Insurance number:		
Address:		
Postcode:		
Telephone number(s):		
Email address:		
<b>Employment Details</b>		
Current occupation:	Name of organisation:	
Job title:	Start date:	
Address:		
Postcode:		
Telephone number(s):		
Nature of duties:		

Previous Volunteer Experience	
Name of organisation:	
Start date:	Finish date:
Description of role and duties:	
If you have any other relevant voluntary experience	, please use an additional sheet of paper.
Qualifications	
Academic qualifications:	
Sporting qualifications or training courses attended	(please include dates):
Other Information	
Reason for applying (please continue on a separate	e piece of paper if required):

References			
Please provide details of two people	that have known you well for at leas	t 2 years who we can contact for a	
reference (not relatives). One must	have first-hand experience of your w	ork with children (where applicable).	
Name:	Name:		
Address:	Address:		
Postcode:		Postcode:	
Telephone number(s):	Telephone numb	per(s):	
How the person is known to you:	How the person i	is known to you:	
Applicant Declaration (please com	plete section A or B as applicable)		
Section A			
	cted of a criminal offence and, under		
check should be received through the	ve no 'spent' convictions to disclose. ne Criminal Records Bureau.	I know of no reason why a positive	
	se information may be regarded as	s grounds for dismissal.	
		3	
Print name:	Sign:		
Date:			
Section B			
If you have criminal convictions plea	se provide details below:		
		I	
Date	Details of Offence	Sentence	
		1	
Print name:	Sign:		
Date:			
Date.			

I confirm that the information I have provided in support of my application is a complete and true record.
I agree to accept and work to the ABO's Child Protection Policy and to accept and follow the Codes of
Conduct laid down in the ABO's Best Practice Guide.
Signed:

## For Club Use Only

Print name:

Date:

**Applicant Declaration** 

Applicant Successful? Yes €No € References Received? Yes €No € CRB Disclosure Check Obtained Yes €No €

Please return this form to:

We guarantee that this information will only be seen by those who need to see it as part of the recruitment process.