**Newport County AFC Application Form**

Individuals submitting an application form for a vacancy with Newport County AFC can return this form to the General Manager, Newport County AFC, Rodney Parade, Newport NP19 0UU or alternatively by email to [nigel.stephenson@newport-county.co.uk](mailto:academy.admin@newport-county.co.uk) **Please note that CVs are NOT accepted**

Position applied for:

Personal details

Surname: Forename: Title: Address:

Postcode: Email:

Tel no: Mobile no:

National Insurance no:

Have you applied to or worked for Newport County AFC, its Academy or County in the Community before? before?

Yes No

If yes, please give details of the role:

General

Do you hold a current driving license?

Yes No

What type of license is it?

Full Provisional Passenger Carrying Vehicle (PCV)

Do you have access to your own car or vehicle?

Yes No

About you

Are you a British national or a national of any EU Country?

Yes No

If not, do you have the right to work in the UK and a current work permit?

Yes No

If yes, please state the expiry date of your right to work in the UK and/or your work permit:

NB: The Asylum and Immigration Act 1996 requires us to seek proof of your right to work in the UK. You will be asked to provide original and any supporting documentation during the recruitment process.

**For applicants applying for a coaching / teaching role, please complete the below: Do you hold a valid ‘FA Safeguarding Children in Football’ certificate?**

Yes No

**If yes, when does it expire?**

**Do you hold a valid ‘First Aid’ certificate?**

Yes No

**If yes, when does it expire?**

**Are you a member of the FA Coaches Association?**

Yes No

**If yes, please state your membership number:**

****Education and qualifications****

(Please list secondary, further, and higher education only, in chronological order)

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualifications and subjects** | **Grade and result** | **Awarding body** | **Date of award** |
|  |  |  |  |

**Coaching qualifications and other training courses**

(Please give details of any relevant training courses undertaken)

|  |  |  |
| --- | --- | --- |
| **Date and duration** | **Title / name of training course** | **Brief details** |
|  |  |  |

**Memberships**

(Please list any learned / professional societies or associations/accreditation

**Membership number**

**Name of professional society/association/accrediting body**

**Current employment**

(Please state exact dates and where applicable, hours for any part-time positions)

Job title / position held:

Full time Part time

Name of employer: If part-time, please state hours:

Start date: End date:

Salary/ or grade:

Brief description of duties:

Reason for leaving:

**Please list all previous employment history**

Name of employer: Job title / position held:

Full time or part-time: Start date: End date: Salary:

Name of employer: Job title / position held:

Full time or part-time: Start date: End date: Salary:

Name of employer: Job title / position held:

Full time or part-time: Start date: End date: Salary:

Name of employer: Job title / position held:

Full time or part-time: Start date: End date: Salary:

**Experience, skills, and abilities**

Please outline your relevant experience, skills and abilities - gained both in and outside of work demonstrating how you meet the skills / experience detailed on the full job description provided. Please continue on a separate sheet if necessary.

References  **Any offer of employment will be subject to the receipt of satisfactory references.** Please provide a minimum of 2 professional references.

Please provide details of a minimum of TWO referees covering at least your last five years of employment, one of which must be your current or most recent employer. Please use BLOCK CAPITALS and give all addresses in full. References will be requested for successful candidates once you have received a conditional offer. Do you agree to us approaching your referees at that time?

Yes No

**Current / most recent employer** Referee’s name: Referee’s position:

Company and postcode:

Contact phone number: Email:

Additional referees Referee’s name: Referee’s position:

Company and postcode:

Contact phone number: Email:

Additional referees Referee’s name: Referee’s position:

Company and postcode:

Contact phone number: Email:

Joining the team What is your notice period?

Do you have any holidays booked?

Yes No

If yes, please specify dates:

**GDPR declaration**

The information you provide on this form and obtained from other relevant sources will be used to process your application for work. The personal information you give will also be used in a confidential manner to help us monitor our recruitment process.

If you succeed with your application and are offered a contract of employment with us, the information will be used in the administration of your employment and to provide you with information about us or third party via your payslip. We may also use the information if there is a complaint or legal challenge relevant to this recruitment process.

We may check the information collected with third parties or with other information held by us. We may also use your information or pass to certain third parties to prevent or detect crime, to protect public funds or in other ways as permitted by law.

By signing the application form, you agree to the processing of sensitive personal data in accordance with the Data Protection Act 1998.

**Declaration**

It is important that the information you provide is accurate and that ALL sections are completed. Your signature below confirms that the information you have given is accurate and true. You understand that providing misleading or false information will automatically disqualify you from the application process and may result in the subsequent termination of your employment.

Signed:

Print name:

Date:

**Strictly confidential**

Newport County AFC is committed to ensuring that applicants and employees from all sections of the community are treated equally and not discriminated against on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion, belief, sex and sexual orientation (combined, the Equality Act 2010 Protected Characteristics).

This form assists us in monitoring who is applying for employment with us, and our adherence to equal opportunities ‘best practice’. We also ask some questions regarding disability which may assist us in determining whether any reasonable adjustments are necessary to facilitate your interview. Any information you give will only be used by the relevant member of the Senior Management team for the purpose of ensuring the effectiveness of our Equal Opportunities Policy. This form will be separated from your application, on receipt, and will be treated in the strictest confidence. If you are subsequently employed by Newport County AFC it shall be retained on your personnel le. If you are not offered employment with our organisation your application will be kept for up to 12 months and then destroyed. The information supplied on this form is used for statistical purposes only.

Thank you for your co-operation.

**Please state where you saw this job role advertised**

Company website

Facebook Twitter

Job site, please specify:

Other, please specify:

Age and Sex

Are you?

Male Female Other I prefer not to answer this question

What is your age?

16-24 25-34 35-44 45-54 55-64 65-74 75+

**Disability**

**Do you consider yourself to have a disability or impairment?**

Yes No

**If yes, please select from the options below: Physical impairment (ambulant)**

**Physical impairment**

**Learning impairment / disability** (eg Down’s Syndrome)

**Learning difficulty**

**Hearing impairment (deaf or hard of hearing)**

**Visual impairment**

**Long term illness**

**Prefer not to answer**

**Other (Please specify):**

Please indicate whether you require any adjustments to enable you to attend and participate in an interview or to carry out any selection tests. Disabled applicants are invited to contact the lead name provided on the job advert in confidence, at any point during the recruitment process to discuss steps that could be taken to facilitate attendance and participation at an interview or to overcome any operational difficulties presented by the job.

Adjustments required for interview (including, for example, induction loop / radio aid / speech-to-text reporter / BSL interpreter / other):

Adjustments required for the job:

Please give details of any other special requirements we may need to be aware of should you be selected for an interview:

**Gender reassignment**  If you have undergone, are undergoing or intend to undergo gender reassignment, are you?

Transsexual with an acquired gender of male Transsexual with an acquired gender of female I do not wish to disclose this

Not applicable

**Religion**

What is your religion or belief?

No religion Christian Buddhist Hindu

I prefer not to answer this question

Muslim Sikh

Any other religion (please specify)

Sexual Orientation How would you describe your sexual orientation?

Bisexual Heterosexual / Straight

Gay Man

Gay Woman / Lesbian

Other

I prefer not to answer this question

**Are you currently?**

Married

In a civil partnership

Neither

I prefer not to answer this question

**Are you currently?**

Pregnant

**Within 26 weeks of having given birth** (This is the definition used for maternity in the Equality Act 2010)

I do not wish to disclose this Not applicable

A. White B. Mixed / multiple ethnic groups

**Race**

Welsh

English / Scottish / Northern Irish / British Gypsy or Irish Traveller

Other white background,

*(please specify):*

White and Black Caribbean White and Black African White and Asian

Other mixed / multiple ethnic,

*(please specify):*

1. **Asian / Asian British Indian**
2. **Mixed / multiple ethnic groups African**

Pakistani Bangladeshi Chinese

Other Asian background

*(please specify):*

1. **Other ethnic group Arab**

I prefer not to answer this question

Caribbean

Other Black / African / Caribbean

*(please specify):*

Any other ethnic group

*(please specify):*

For the purposes of compliance with the Data Protection Act 1998, I hereby confirm that by completing this form, I give my consent to Newport County AFC to process the data supplied above in connection with monitoring compliance with its equal opportunities, obligations, and policy. I also agree to the storage of this information on manual and computerised files.

Signed

Date

(DD / MM / YYYY)

Newport County AFC and its staff are fully committed to the safeguarding and welfare of children and vulnerable adults regardless of their age, gender, language, religion, ethnic background, or sexual identity. We recognise that safeguarding is the responsibility of everyone who has contact with children, young people and vulnerable groups and we are dedicated to providing a positive environment, enjoyable experiences and to protect from harm.

We therefore ask you to complete the below self-declaration form which will form part of your overall application.

**Rehabilitation of Offenders Act Statement**

As the position you have applied for involves work with children and young people it is not covered by the provisions in the Rehabilitation of Offenders Act 1974. When answering questions 1 to 4 you must declare criminal convictions and/or cautions that are not ‘protected’ under the Exceptions Order (as amended). This includes UK, overseas and armed forces convictions, cautions and relevant service discipline convictions where it would be considered an equivalent offence in England and Wales.

Free, confidential advice can be sought from the organisations below to help you understand whether to disclose certain criminal record information:

Nacro – Tel: 0300 123 1999, or email: [helpline@nacro.org.uk](mailto:helpline@nacro.org.uk)

Unlock – Tel: 01634 247350, email [advice@unlock.org.uk](mailto:advice@unlock.org.uk) or complete the online form on the Unlock website.

**Have you ever;**

1. Do you have any unspent conditional cautions or convictions under the Rehabilitation of Offenders Act 1974?

Yes

No

2. Do you have any adult cautions (simple or conditional) or spent convictions that are not protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2020?

Yes

No

3. Are you currently subject to any criminal investigations or pending prosecutions by the police in any country which may have a bearing on your suitability for this position?

Yes

No

4. Have you been formally charged with any other offence in any country which has not yet been disposed of?

Yes

No

5. Have you ever been known to any Children’s Services department or the police as being a risk or potential risk to children?

Yes

No

6. Have you been the subject of any formal action, disciplinary investigation and/or sanction by any organisation due to concerns about your behaviour towards children?

Yes

No

7. Have you ever been dismissed for misconduct from any employment, volunteering, or other position previously held by you, in circumstances which may have bearing on your suitability for this position?

Yes

No

8. Are you currently subject to any fitness to practice investigations or proceedings by a regulatory, governing, or licensing body in any country, which may have bearing on your suitability for this position?

Yes

No

Self-Declaration Form

I agree that the information provided here may be processed in connection with recruitment purposes and I understand that an offer of employment may be withdrawn or dismissal may result if information is not disclosed by me and subsequently comes to the organisation’s attention.

In accordance with the organisation’s procedures, if required I agree to provide a valid DBS certificate and consent to the organisation clarifying any information provided on the disclosure with the agencies providing it.

I agree to inform the organisation within 24 hours if I am subsequently investigated by any agency or organisation in relation to concerns about my behaviour towards children or young people.

I understand that the information contained on this form, the results of the DBS check and information supplied by third parties may be supplied by the organisation to other persons or organisations in circumstances where this is considered necessary to safeguard other children.

Signed:

Print name:

Date:

