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A Registered Charity under the Charities Act 1960 No. 303187  
Registered in England No. 1000 490

## APPLICATION FOR EMPLOYMENT

<b>PRIVATE AND CONFIDENTIAL</b> Return this form to:		Ref. No.: _____
POSITION APPLIED FOR _____		
Surname	Forename(s)	Title
Address		Postcode
Date of Birth	Telephone Number	
NI No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Current driving licence? Yes/No Groups:                      Expiry Date:	Details of endorsements	
Are there any restrictions on you taking up employment in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes, please provide details)		

### EDUCATION HISTORY

Schools	Qualifications gained
Colleges/Universities	Qualifications gained
Other training	

**OTHER EMPLOYMENT**

Please note any other employment you would continue with if you were to be successful in obtaining this position.

**EMPLOYMENT HISTORY (please complete in full and use a separate sheet if necessary)**

FROM - TO	NAME AND ADDRESS OF EMPLOYER	JOB TITLE AND DUTIES	START/FINISH SALARY	REASON FOR LEAVING

Notice required in current post:

**REFERENCES**

Please note here the names and addresses of two persons from whom we may obtain both character and work experience references. If you are applying for a post which requires unsupervised access to children/vulnerable adults, the company reserves the right to approach any past employer for a reference.

1.	2.
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**LEISURE**

Please note here your leisure interests, sports and hobbies, other pastimes etc.

**GENERAL COMMENTS**

Please detail here your specific reasons for this application, your main achievements to date and the strengths you would bring to this post.

**CAUTIONS, REHABILITATION AND CRIMINAL RECORDS (IF APPLICABLE)**

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 **must be disclosed**, and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application.

In addition **you are required** to submit to a Criminal Records Bureau check. Any standard or enhanced disclosure made by the CRB/SCRO will remain strictly confidential.

Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence? Yes/No (delete as required)

If Yes, please give details:

**SPECIAL REQUIREMENTS (CARE SECTOR) (IF APPLICABLE)**

Because this position involves the care of children and/or vulnerable adults, employment is dependent on the following:

- 1) Your written consent to obtaining a standard/enhanced disclosure certificate from the Criminal Records Bureau or an approved umbrella body.
- 2) Such disclosure being acceptable to the company.
- 3) Proof of identity – birth or marriage certificate (where appropriate) and passport (if available).
- 4) Two satisfactory written references.
- 5) That you supply a photograph of yourself for retention in your records.
- 6) Evidence of physical or mental suitability for your work.

**HEALTH DETAILS**

Do you have a physical or mental impairment which has a substantial and long term effect on your ability to carry out day-to-day activities? Yes  No

Please specify any special arrangements for work associated with any impairment.

Please specify any special arrangements you will need to attend an interview.

Please list any diseases, disorders, allergies, muscular or musculoskeletal injuries from which you have suffered or do suffer.

Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving.

Please list all absences from work in the past 12 months and the reasons for such absences.

**DECLARATION (Please read this carefully before signing this application)**

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_