

Football in the Community

Foundation Park, County Ground Lane, Swindon, Wiltshire SNI 2FD Tel: 01793 421303 | Mob: 07966 305320 / 07919 112982

www.stfcfoundation.com

## **APPLICATION FOR EMPLOYMENT**

If you have a visual impairment or you find the application form difficult to fill in, please let us know and we will provide a large print version of the form or assist you in its completion.

JOB TITLE: Community Development Officer REPORTS TO: Senior Development Manager

HOURS: 40 pw

SALARY: £24-28k Dependent on Experience

CLOSING DATE: May 17th 2024

We will be contacting applicants and conducting interviews throughout the application period.

You must fill in this form to apply for employment. We do not accept CVs.

We will reject anyone who tries to influence another employee to give them employment.

Please print this form and complete in black ink and hand into Foundation Park reception, or scan and email back to **shane@stfcfoundation.com**.

PERSONAL DETAILS		
Address:	First Name(s):	
	Surname:	
	Home Telephone Number:	Mobile Number:
	Email Address:	
Postcode:	National Insurance Number:	



















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YOUR CURRENT EMPLOYER	
Name:	
Address & Postcode:	Type of Business:
	Responsible to:
Job Title:	
Date you started current job	What is your reason for applying for this post?
Date your employment ended (if applicable)	Salary Expectation?
How much notice do you need to give?	
Current Salary	Have you previously applied within the last 12 months for a similar role? Yes / No
Please give a brief description of your duties.	



















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PREVIOUS EMPLOYERS (start with your most recent)				
Employer	Job Title	Dates employed fro and to	Reason for leaving	
Please explain any gaps in emp	Novment below:	(		
Tiodeo explain any gape in emp	noyment bolow.			
Do you have a driving license?				
		Yes□	No □	
What type of driving license do	you have?			
(for example, Automatic, HGV, L	.GV, etc.)			
Have you been convicted of any driving offences or are you waiting to be convicted?		Yes □	No □	
Do you have any points on your	license?	Yes □	No □	
If yes, how many?		I 69 □	INO 🗆	



















**EDUCATION, TRAINING & QUALIFICATIONS** 

# Swindon Town FC Community Foundation

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Please give the name of the school, college and/or university that you have attended and dates	Examination qualifications achieved (e.g O Levels, A Levels, GCSEs, NVQs, degrees, apprenticeships)
ELEVANT TRAINING COUR	SES
Please give the name of the organising body	Please give dates, details of the course and any qualification achieved
lease give details of experience and a	ny other information to support your application for this particular role, where ate (if more space is required, please use an additional piece of paper).
lease give details of experience and a	ny other information to support your application for this particular role, where ate (if more space is required, please use an additional piece of paper).
XPERIENCE lease give details of experience and a appropri	ny other information to support your application for this particular role, where ate (if more space is required, please use an additional piece of paper).



















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# **REHABILITATION OF OFFENDERS** Have you any convictions which are not regarded as 'spent' under the Rehabilitation of Offenders Act of 1974? ☐ Yes □ No Are you currently the subject of any criminal proceedings or convictions? □ Yes If yes, please state Failure to disclose any convictions which are not 'spent' may render you liable for dismissal **REFERENCES** Please give the names and addresses of two referees. Include your present or last employer. We cannot accept references from relatives. We will normally approach both your referees if you are subsequently offered a position with the company. Name: ..... Name: ..... Address: ..... ...... ...... What position do they hold? ..... What position do they hold? ..... Telephone number: ..... Telephone number: ..... Email: ..... Email: ..... Please give any dates when you are not available for an interview:



















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### **DECLARATION**

I c	declare	that the	facts giv	en in this	application	า are to t	he best c	of my kn	owledge	correct. I	understan	d that
pr	oviding	falsein	formation	is an offe	ence and c	ould resu	ult in the a	applicat	ion being	rejected	and possil	ole
re	ferral to	the po	lice.						•	•		
		•										

Signature	
Date	

Please return this form to <a href="mailto:shane@stfcfoundation.com">shane@stfcfoundation.com</a>

Or post marking envelope Private & Confidential

Shane Hewlett
STFC Foundation Park
County Ground
Swindon
Wiltshire
SN12FD

#### ALL INFORMATION GIVEN ON THIS FORM WILL BE TREATED AS STRICTLY CONFIDENTIAL

We will keep it in our secure data files and will only reveal it for payroll, personnel administration and statistical purposes orwhere required to do so by law.



















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#### **MONITORING INFORMATION**

Swindon Town FC\_Community Foundation recognise the benefits of having a diverse workforce and therefore welcome applications from all sections of the community. In addition to this, under the provisions of the Equality Act 2010, Swindon Town FC Community Foundation is required to demonstrate that their recruitment processes are fair and that they are not discriminating against or disadvantaging anyone because of their age, disability, gender reassignment status, marriage or civil partnership status, pregnancy or maternity, race, religion or belief, sex or sexual orientation. Therefore, a series of questions need to be raised in order to ascertain who is applying for each position and to ensure that no one is being unfairly discriminated against or disadvantaged.

This section of the application form will be detached from your application and will not be used as part of the selection process nor will itbe seen by anybody who is interviewing you. The information collected is only used for monitoring purposes in an anonymised format to assist the organisation in analysing the profile and make up of individuals who apply, are shortlisted for and appointed to each vacancy. In this way, they can check that they are complying with the Equality Act 2010.

The Equality Act 2010 protects people against discrimination on the grounds of their age and sex.

Please state your date of birth	
	□ Male
Please indicate your gender	□ Female
	☐ I do not wish to disclose this

The Equality Act 2010 protects people who are married or in a civil partnership.

Please indicate the option which best describes your marital status		
☐ Married	□ Divorced	
□ Single		
□ Civil Partnership	□ Widowed	
□ Legally separated	☐ I do not wish to disclose this	



















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# Swindon Town FC **Community Foundation**

The Equality Act 2010 protects people against discrimination on the grounds of their race which includes colour, nationality, ethnic or national origin.

Please indicate your ethnic origin		
Asian or Asian British	Mixed	Other Ethnic Group
□ Bangladeshi	□ White & Asian	□ Chinese
□ Indian	□ White & Black African	□ Any other ethnic group
□ Pakistani	□ White & Black Caribbean	☐ I do not wish to disclose this
☐ Any other Asian background	☐ Any other mixed background	
Black or Black British	White	
□ African	□ British	
□ Caribbean	□ Irish	
☐ Any other Black background	☐ Any other White background	



















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The Equality Act 2010 protects bisexual, gay, heterosexual and lesbian people from discrimination on the grounds of their sexual orientation.

Please indicate the option which best describes your sexual orientation				
□ Lesbian □ Gay □ Bisexual	☐ Heterosexual ☐ I do not wish to disclose this			

The Equality Act 2010 protects people against discrimination on the grounds of their religion or belief, including a lack of any belief.

Please indicate your religion or belief			
□ Atheism	□ Jainism		
□ Buddhism	□ Judaism		
□ Christianity	□ Sikhism		
□ Hinduism	□ Other		
□ Islam	☐ I do not wish to disclose this		
□ Buddhism □ Christianity □ Hinduism	□ Judaism □ Sikhism □ Other		



















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The Equality Act 2010 protects disabled people - including those with long term health conditions, learning disabilities and so called "hidden" disabilities

		□ Yes	
Do you consider yourself to have a disability?		□ No	
		☐ I do not wish to disclose this information	
Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other'.			
□ Physical impairment	□ Learning Disability/Difficulty		
□ Sensory impairment	□ Long-standing illness		
☐ Mental health condition	□ Other		
If you have a disability, do you wish to be considered under the guaranteed interview scheme if you meet the minimum criteria as specified in the person specification?			
□ Yes □ No			

If you tell us that you have a disability, we can make reasonable adjustments to ensure that any selection processes - including the interview -are fair and equitable.















