

**Recruitment Documents**

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**Application form**

**Application for the post/role of**

When completed this form should be returned, marked 'Private and Confidential', to:

ELYC training principal

## Personal details

Title:

Forename:

Surname:

Other names in full:

**Contact details**

Address:

Home phone:

Work phone (state if you do not wish to be contacted at work)

Mobile:

E-mail:

## Training and Qualifications

Academic and/or vocational qualifications

RYA or other qualifications relevant to the role

Do you hold a valid UK driving licence? YES / NO

## Summary of past experience

Please state the name of organisation, position held, dates and a brief description of responsibilities and duties (continue on separate sheet if required)

**Please state how you think your skills and experience match the requirements of this role and give your reasons for applying.**

**Other relevant information**

eg. recreational interests, hobbies, voluntary or community work

## Criminal record

Having a criminal record will not necessarily bar you from working with us. This will depend on the position applied for and the nature of your offence. If you are applying for a position involving regular contact with children or vulnerable adults you will be required, at the offer stage, to apply for an Enhanced Criminal Records Disclosure, with Barred List check if relevant *(in Scotland: membership of the Protection of Vulnerable Groups Scheme)*.

Do you have any convictions, cautions, reprimands or final warnings that are not ‘protected’ as defined by the Rehabilitations of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)? YES / NO

If yes, give brief details

## References

Please give names and addresses of two people who can be asked to provide a reference. At least one should have first-hand knowledge of your previous work with children. References from relatives will not be accepted. Please indicate if you do not want us to contact any of your referees before interview or before an offer of employment.

## Referee 1

Name

Address

E-mail address

Phone number

Capacity in which known to you

## Referee 2

Name

Address

E-mail address

Phone number

Capacity in which known to you

## Declaration

Data Protection Act

In order to recruit to this post East Lothian Yacht Club will (within the terms of the Data Protection Act 1998) process personal information given in connection with this application. Information relating to the successful applicant will form part of personnel records. No other use will be made of information about applicants.

Consent

I consent to the processing of personal information in the way described.

Declaration

I declare that to the best of my knowledge the information given on this form is correct and understand that misleading statements or deliberate omission may be sufficient grounds for cancelling any appointment arising from this application.

Signature: ...................................................................

Date: ...................................................................

**Confidential Reference Request**

..................................................... has expressed an interest in working with East Lothian Yacht Club in the role of dinghy instructor/volunteer and has given your name as a referee. This role involves substantial access to children. As an organisation committed to the protection and welfare of children, we are anxious to know if there are any reasons to be concerned about this applicant being in regular contact with children or young people.

If you agree to complete this reference, any information will be treated with due confidentiality and in accordance with relevant legislation and guidance and will only be shared with the person conducting the assessment of the applicant’s suitability, should they be offered the role. We would appreciate you being candid, open and honest in your evaluation of this person.

1. How long have you known this person? .............................................................................
2. In what capacity? ...............................................................................................................
3. What attributes does this person have which would make them suitable for this role?

 ........................................................................................................................................

 ...................................................................................................................................... .......................................................................................................................................

1. Please rate this person on the following (please tick one box for each question)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | Poor  | Average  | Good  | Very good  | Excellent  |
| Responsibility  |   |   |   |   |   |
| Maturity  |   |   |   |   |   |
| Self-motivation  |   |   |   |   |   |
| Motivation of others  |   |   |   |   |   |
| Commitment  |   |   |   |   |   |
| Energy  |   |   |   |   |   |
| Trustworthiness  |   |   |   |   |   |
| Reliability  |   |   |   |   |   |

1. Do you have any reason at all to be concerned about this applicant being in regular contact with children or young people? YES / NO

If you answer ‘Yes’ we will contact you in confidence.

Name: (please print) ..............................................................

Signed: ................................................................... Date: .................................

# Self-disclosure form

**Self-disclosure form for applicants for posts involving regular contact with children and/or vulnerable adults**

East Lothian Yacht Club is committed to safeguarding children from physical, sexual and emotional harm. As part of our Safeguarding policy, we require applicants for posts involving frequent or regular contact with children to complete this self-disclosure form. Having a criminal record will not necessarily bar you from working with us. This will depend on the nature of the position and the circumstances and background of your offences.

All information will be treated as confidential and managed in accordance with data protection legislation and guidance. You have a right of access to information held about you under the Data Protection Act 1998.

**Name** …………………………………………………………………………………………..

1. **Do you have any convictions, cautions, reprimands or final warnings that are not ‘protected’ as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?** YES / NO **If yes, please supply details.**

1. **Have you ever been known to any Children Services Department or the Police as being an actual or potential risk to children?** YES / NO

**If yes, please supply details.**

1. **Have you ever been the subject of any disciplinary investigation and/or sanction by any organisation due to concerns about your behaviour towards children?** YES / NO **If yes, please supply details.**

Declaration

I declare that to the best of my knowledge the information given above is correct and understand that any misleading statements or deliberate omission may be sufficient grounds for disciplinary action and/or the withdrawal of my appointment.

I understand that I may be asked to provide a Criminal Records Disclosure and consent to do so if required. 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 in this form and in the Disclosure, or relating to subsequent concerns about my behaviour, may be shared with regulatory bodies and/or other persons or organisations, in circumstances where this is considered necessary to safeguard children.

Signed: ………………………………………………………….. Date: …………………………… Note: if the applicant is aged under 18, this form should be counter-signed by a parent or guardian

# Parental Consent form

**Parental Consent form (for participants under 18 years)**

**Please complete all sections in Block Capitals**

**Participant’s details**

|  |  |
| --- | --- |
| First name   | Surname/family name |
| Home Address     |  |
| Date of birth   | Age |

**Parent/guardian/person with legal responsibility**

|  |  |
| --- | --- |
| First name   | Surname/family name |
| Relationship to child   |   |
| Home Number   |   |
| Mobile Number   |   |

**Alternative Emergency Contact:**

|  |  |
| --- | --- |
| First name   | Surname/family name |
| Relationship to child   |   |
| Contact number during sessions   |   |

**Medical information**

It is your responsibility to make known any disability/medical condition that may affect your child during the activity, and any medication that they may require. This information will be shared with those responsible for supervising the activity.

Has your child ever suffered from any of the following conditions:

Asthma/bronchitis, heart condition, fits, fainting or blackouts, severe headaches, diabetes? YES / NO

If YES please provide details, including any specific medical advice to be followed in an emergency:

Is your child currently taking any medication? YES / NO

If YES please specify:

When did your child last have a tetanus vaccination? Year:

Is your child currently suffering/recovering from any injuries which may

affect their sailing? YES / NO

If YES please provide details:

Is your child vegetarian? YES / NO

Does your child have any food allergies? YES / NO

If YES please provide details:

Does your child have a disability, learning difficulty or medical condition which

may affect their learning (ability to participate in practical or theoretical sessions)? YES / NO

If YES please provide details:

**Declaration of parent or person with legal responsibility**

I the parent/guardian of ……………………………………….…………………….. hereby acknowledge that I have read the attached conditions of participation and that I fully understand them. I have explained them to my child, who understands and agrees to abide by them.

**Medical consent**

I give permission to the organisers of activities to administer any relevant treatment or medication to the above-named participant when or if necessary.

In an emergency situation I authorise the organisers to take my child to hospital and give my full permission for any treatment required to be carried out in accordance with the hospital’s diagnosis. I understand that I shall be notified, as soon as possible, of the hospital visit and any treatment given by the hospital.

**Consent for use of images**

I grant to the organisers without payment the right in perpetuity to make, use and show any motion pictures, still pictures and live, taped or filmed television of or relating to the event. I have read and understood the Conditions of Use attached. I agree to notify the organisation of any relevant changes in my child’s circumstances. I confirm that my child is not under a court order.

 Signed: (participant) ………………………………………………………………………………………..

 Signed: (parent/guardian)………………………………………………………..…………………………

 Name: (please print) …………………………………................................. Date: …………………..