



BINGHAM TOWN YOUTH F.C. APPLICATION FORM

Season



A completed form must be completed by all Officers, Managers, Assistant Managers, RSR Holders, Parent Representatives, Club Coach and Team First Aid Representatives.

| | | | | | |
|---------------------------|--|-----|--|----------|--|
| • Role Applied For | | | | Team | |
| Name | | | | Address | |
| Tel No | | | | | |
| Mobile No | | | | | |
| DOB | | Age | | Postcode | |
| Email | | | | | |

| | | | | | |
|-----------------------------|--------------------------|---------------------------|--------------------------|----------------|--|
| • Status/Nationality | | | | | |
| Male | <input type="checkbox"/> | Married | <input type="checkbox"/> | Disabled | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Female | <input type="checkbox"/> | Single | <input type="checkbox"/> | Nationality :- | |
| No of Children | <input type="text"/> | Ages <input type="text"/> | | | |

| | |
|---|---|
| • Current Employment Details/Job Title | <input style="width: 100%;" type="text"/> |
| • Please give details of any medical conditions that could affect the role you have applied for : | <input style="width: 100%;" type="text"/> |
| • Do you have a criminal record? (subject to the Rehabilitation of Offenders act 1974) If so give details | <input style="width: 100%;" type="text"/> |

| | | | |
|---|--|------|--|
| • Training – Please give details of any training/skills you feel may be relevant to this application | | | |
| Course: | <input style="width: 60%;" type="text"/> | Year | <input style="width: 10%;" type="text"/> |
| Course: | <input style="width: 60%;" type="text"/> | Year | <input style="width: 10%;" type="text"/> |

| | | | |
|--|---|------|--|
| • Previous Clubs – Please give details of any other Clubs/Teams you have been involved with (non BTYFC) | | | |
| Club | <input style="width: 60%;" type="text"/> | Year | <input style="width: 10%;" type="text"/> |
| Reason for leaving | <input style="width: 100%;" type="text"/> | | |
| Club | <input style="width: 60%;" type="text"/> | Year | <input style="width: 10%;" type="text"/> |
| Reason for leaving | <input style="width: 100%;" type="text"/> | | |
| Have you ever been or are currently involved with any other organisation involving children Under 18s years of age? (if so give details below) | | | |
| <input style="width: 100%; height: 100%;" type="text"/> | | | |

| | |
|--|--|
| • Do you hold a current CRB check certificate? Yes / No | |
| Disclosure Number | |
| Date of issue | |

All positions must be Proposed and Seconded, these may be verified.

| • Proposer and Seconder (Please give name, address, Tel number, and Signature of your Proposer and Seconder) Parent Helpers and TFARs do not need to be Proposed and Seconded | | | |
|--|---------|--------|-----------|
| Name | Address | Tel No | Signature |
| P: | | | |
| S: | | | |

Declaration

I declare that the information given is correct to the best of my knowledge and I accept that I will be subject to a CRB check.

I agree to abide by the Constitution, the Code of Conduct and Managers Pack of Bingham Town Youth Football Club.

I agree to notify the Clubs Officers of any Criminal convictions pending and future convictions arising.

| | | | |
|--------|--|------|--|
| Signed | | Date | |
|--------|--|------|--|

This form to be returned to the Club Secretary

50 Musters Road, Bingham, Notts. NG13 8ET

No person will take up any position until this form is completed in full, signed and returned to the Club Secretary. The form is for the use of the Clubs Officers and the Club Welfare Officer only; no information contained will be passed to any third party.