



Please complete this form and return it by email to keeley@kickitout.org			
Application for appointment as			
Section 1. Personal Details			
First names			
Surname			
Title (Mr/Mrs/Ms etc)			
Address.			
Home tel no Daytime tel no			
May we contact you at work ☐ Yes ☐ No			
Section 2. Employment Record			
Present/most recent employer			
Employer's Address			
Post Code			
Dates employed			
Job title			
Salary/Benefits			
What period of notice is required by current employer?			

Previous employers (Please list all previous employers. Continue on a separate sheet (if necessary).

Employer	Position held	Salary
		·
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Jection 3. Lu	ucation and Irain	ing
ns obtained and those cur	rently being pursued	
Institution		Qualification
Courses		
Course titles	s and subjects	Training organisation
y periods of time not spe	ent in full-time educ	eation or employment.
y periods of time not spe		eation or employment.
	ns obtained and those cur Institution I courses.	Section 3. Education and Train ns obtained and those currently being pursued Institution

## Section 4. Relevant experience and skills

Short listing and selection will be based on the criteria set out in the accompanying 'Person Specification'.
Please demonstrate how you satisfy each point listed in the Person Specification, drawing on your personal and work experience, education and training. Please use additional sheets if necessary.

Please explain how you would aim to enhance Kick It Out's media profile over the next three years? (maximum 500 words) Please use additional sheets if necessary

## Section 5. References

Please give the name, address and telephone number of two referees. One should be your current or most recent employer.

Post Code Name Position Address.  Post Code Position Address.  Post Code Position  Address .  Do you require a work permit? Yes No  Declaration  Declaration I declare that the information contained in this application form is complete and correct. I understand that, if I have knowingly provided false information, or, directly or indirectly canvassed a Management Committee or employee of Kick It Out in support of my application, I may be disqualified or dismissed after appointment.		
Post Code Position  Address . Position  Position  Position  Position  Address . Post Code Name Position  May your present employer be contacted if you are shortlisted?  Yes No No Post Code No Post Cod	Name	Position
Position  Address .  Post Code	Address	
Position  Address .  Post Code		
Position  Address .  Post Code		
Post Code  May your present employer be contacted if you are shortlisted?  Yes No  Declaration  Declaration  I declare that the information contained in this application form is complete and correct. I understand that, if I have knowingly provided false information, or, directly or indirectly canvassed a Management Committee or employee of Kick It Out in support of my application, I may be disqualified or dismissed after appointment.	Post Code	Telephone
Post Code	Name	Position
May your present employer be contacted if you are shortlisted?  Yes No  Do you require a work permit? Yes No  DECLARATION  I declare that the information contained in this application form is complete and correct. I understand that, if I have knowingly provided false information, or, directly or indirectly canvassed a Management Committee or employee of Kick It Out in support of my application, I may be disqualified or dismissed after appointment.	Address .	
May your present employer be contacted if you are shortlisted?  Yes No  Do you require a work permit? Yes No  DECLARATION  I declare that the information contained in this application form is complete and correct. I understand that, if I have knowingly provided false information, or, directly or indirectly canvassed a Management Committee or employee of Kick It Out in support of my application, I may be disqualified or dismissed after appointment.		
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	have knowingly provided false information, or, directly or indire	ctly canvassed a Management Committee or
Signature Date	employee of Kick It Out in support of my application, I may be	disqualified or dismissed after appointment.
Signature Date		
	Signature	Date

For closing date and return address please see guidance notes.



## **IN CONFIDENCE**

**Kick It Out** operates an equal opportunities policy. To help monitor the effectiveness of this policy, you are requested to complete this form and return it with your application.

This information will be separated from your application as soon as it is received; it will not be passed on to anyone involved in shortlisting or appointment to this post.

Name					
Post applied for.					
Please tick the a	ppropriate bo	xes below (PUT 'X' NE	XT TO THE AN	SWER).	
What is your gene	der?		Male	Female	
Would you describe yourself as having a disability? Yes			Yes	No No	
If yes, are you reg	gistered as disa	abled?	Yes	No L	
Please tick the bo White British	ox from the follo	owing list which best des	scribes the ethni	c category to which you belong:	
White Irish					
White other (plea	se specify)				
Black African					
Black Caribbean					
Black other (pleas	se specify)				
Indian					
Pakistani					
Bangladeshi					
Chinese					
Black British					
Other (please spe	ecify)				

Faith and/or belief:	
Buddhist	
Christian	
Hindu	
Jewish	
Muslim	
Sikh	
Other	
None I prefer not to say	
Sexual orientation:	
Heterosexual	
Gay man	
Lesbian	
Bisexual	
I prefer not to say	
To help us monitor our advertising p	policy, please say where you saw this post advertised.