



Swimming Teacher Application Form

1. PERSONAL DETAILS:

Full Name: _____ Title: _____

Date of Birth: _____

Home address: _____

Postcode: _____

Home Tel no: _____ Mobile Tel no: _____

Email Address: _____

2. APPLICATION FOR THE POST OF:

Post you are applying for: _____

Are you a member of Swim England, IOS or STA? _____

3. EDUCATION, QUALIFICATIONS & TRAINING (list most recent first):

| Name of school/ college/university /training body | Dates: | | Qualifications gained/examinations passed/grades |
|--|--------|----|---|
| | From | To | |
| | | | |
| | | | |
| | | | |

Please list any memberships you hold:

| Membership Body: | Registration Number: | Date Obtained: |
|------------------|----------------------|----------------|
| | | |
| | | |
| | | |

4. RELEVANT EMPLOYMENT RECORD (Other coaching/teaching positions):

Name of employer: _____

Address: _____

Position held: _____

Summary of duties/responsibilities: _____

Date left if no longer employed: _____

Reason for leaving: _____

5. DBS CHECKS:

Do you have a current DBS? YES/NO

DBS Document Number: _____

Date of Issue: _____

6. SUPPORTING INFORMATION:

Please use the space below to give us further details of your career, activities and personal interests which you think are relevant to your application.

7. REFERENCES:

Please give details of two referees.

1. Referee (present/last employer) Name: _____

Address (inc. company name): _____

Occupation: _____

What is your connection with this referee? _____

Contact telephone number: _____

Contact email address: _____

May we obtain a reference prior to an offer of appointment? (yes/no) _____

2. Referee (present/last employer) Name: _____

Address (inc. company name): _____

Occupation: _____

What is your connection with this referee? _____

Contact telephone number: _____

Contact email address: _____

May we obtain a reference prior to an offer of appointment? (yes/no) _____

I certify that, to the best of my belief, the information I have supplied is true and complete and that I possess all qualifications listed on this form. I understand that any false information or failure to disclose relevant medical details, criminal convictions or prosecution pending may disqualify me from employment or render me liable to summary dismissal.

Signature: _____ Date: _____

8. RETURNING YOUR APPLICATION:

Please return your application form to Jane Brooks either by post to the address below or via email to info@janebrooksgymandswim.com

Return address: 54 Fernhill Road, Begbroke, Kidlington, Oxford, OX5 1R