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| Position Applied For |
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## **Present employment** or most recent employment if you are currently unemployed.

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| --- | --- |
| **Name of Employer** | |
|  | |
| **Address** | |
|  | |
| **Job Title** | |
|  | |
| **Brief Description of Duties and Responsibilities** | |
|  | |
| **Salary (Per annum/Week)** | **Date Appointed** |
| £ |  |
| **Notice Period** | **Date Employment Ended (If applicable)** |
|  |  |
| **Reasons for Leaving (If applicable)** | |
|  | |

1. **Previous employment** (Please include details of former employers and any voluntary or other work. Please also account for any gaps in employment.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date From** | **Date To** | **Employer Name & Address** | **Position Held & Main Duties** | **Reason for Leaving** |
|  |  |  |  |  |
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1. **Education and Qualifications**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date From** | **Date To** | **Name and Address of Institution**  **(Schools, Colleges, Universities, including part-time)** | **Qualifications Gained**  **(Subject, level and grade)** | **Date Awarded** |
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1. **Training**

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| --- | --- | --- | --- |
| **Details of Professional and Other Training Attended** | | | |
| **Organising Body** | **Course/Award** | **Date From** | **Date To** |
|  |  |  |  |

1. **Professional Membership**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisation Name** | **Level of Membership** | **Membership Number** | **Date Awarded** |
|  |  |  |  |

1. **Supporting Statement**

This section gives you an opportunity to provide further information to support your application. You may wish to include details about previous duties and responsibilities, training, experience, and interests.

Please ensure that in this section you address **all** the ‘essential’ and ‘desirable’ criteria detailed on the Person Specification for the role, giving clear examples to support any statement and or/claims that you make to reflect your suitability for the post. There is no need to replicate information that may be covered in other sections of the application form, for example, qualifications.

**Please limit your supporting information to a maximum of three sides of A4 and ensure that you clearly identify to which criterion/criteria your statements relate.**

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# Other information

If you are related to any member of staff within Huddersfield Town AFC or the Huddersfield Town Foundation you should disclose that relationship in the space below, or state ‘none’ if not applicable. Failure to disclose such a relationship may lead to disqualification from appointment and if already appointed may lead to disciplinary action being taken.

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| --- | --- | --- |
| **Name** | **Position** | **Relationship** |
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1. **Data Protection**

**The UK Data Protection Act 2018 and the General Data Protection Regulation 2016/679**

We will treat all information relating to your application in confidence. Should your application be successful the data on this form will be used for operational, managerial, and associated purposes relevant to the payment of salary, pensions and the maintenance of Human Resources records. Some information may be disclosed to select third parties (e.g., Inland Revenue, pension schemes etc.).

By completing this form, you agree to the following consent clause:

**“I agree to The Huddersfield Town Association Football Club Limited and/or The Huddersfield Town Foundation Limited processing the personal data carried on this form for the purposes set out in the statement above and my consent is conditional upon the organisation complying with its obligations under the UK Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2016/679.”**

**Signed:**  **Date:**

For further information on how we process personal data, please read the Candidate Privacy Notice available from the website [www.htafc.com](http://www.htafc.com)

1. **Declaration**

I declare that the information I have given in this application and in all other supporting papers is complete and correct to the best of my knowledge. I understand that any false declaration, misleading information, or significant omission may disqualify me from employment or lead to termination of employment. I consent to The Huddersfield Town Association Football Club Limited and/or The Huddersfield Town Foundation Limited processing personal data contained in this form and have read and consented to the provisions of the data protection statement above.

I declare that for the position for which I am applying, I am not disqualified from working with children, my name is not on the DBS Children’s Barred List or the DBS Adults’ Barred List, and I am not subject to any sanctions imposed by a regulatory body.

I consent to undertaking a medical examination if required.

By printing your name, you are certifying that all information given is accurate.

**Signed:** **Date:**

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| **Equality and Diversity Monitoring Form** |
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The information on this form is requested to enable Huddersfield Town AFC and the Huddersfield Town Foundation to comply with our legal obligations under the Equality Act 2010 and to assist us in our ambition to exceed the standards set by the Act. The information will also support the work we are undertaking in relation to the Premier League Equality, Diversity, and Inclusion Standard (PLEDIS), and the requirements of this framework. This section will be detached from the application form and will not be shared with individuals involved in recruitment and selection processes, other than the Human Resources Manager.

Please complete this form as fully as possible. Your personal data will be treated as confidential and will be used for the purposes of updating your employment record for reasons connected with the Equality Act 2010 and the Premier League Equality, Diversity, and Inclusion Standard. Please read the Data Protection statement at the end of this form for further detail.

|  |  |
| --- | --- |
| **Surname** | **Title (Mr, Mrs, Miss, Ms etc.)** |
| **Forename(s)** | **Known As** |
| **Name on Birth Certificate, if different (e.g. Maiden Name)** | **National Insurance Number** |
| **Address** | **Telephone Number(s+) (Please include area code):**  **Home:**  **Mobile:** |
| **Date of Birth**  **…………/…………/…………** | **Personal Email Address** |

**Sex:**

**Male**  **Female**  **Intersex**

A person who is born with a combination of male and female biological characteristics, such as chromosomes or genitals, that can make doctors unable to assign their sex as distinctly male or female

**Prefer not to say**  **Non-binary**

Non-binary people understand their gender in a way that goes beyond simply identifying as either a man or woman

**If you prefer to use your own term, please specify here:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Marital Status:**

**Married**  **Civil Partnership**

A civil partnership is a legal relationship which can be registered by two people of the same sex, or two people of different sex, who aren't related to each other.

**Neither**  **Prefer not to say**

**Ethnicity:**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box:

**White**

**English**  **Welsh**  **Scottish**  **Northern Irish**

**Irish**  **British**  **Gypsy or Irish Traveller**  **Prefer not to say**

**Any other white background (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mixed / Multiple Ethnic Groups**

**White and Black Caribbean**  **White and Black African**  **White and Asian**

**Prefer not to say**

**Any other mixed background (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Asian / Asian British**

**Indian**  **Pakistani**  **Bangladeshi**  **Chinese**

**Prefer not to say**

**Any other Asian background (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Black / African / Caribbean / Black British**

**African**  **Caribbean**  **Prefer not to say**

**Any other Black / African / Caribbean background (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Ethnic Group**

**Arab**  **Prefer not to say**

**Any other ethnic group (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Disability:**

**Do you consider yourself to have a disability, impairment or health condition?**

**Yes**  **No**  **Prefer not to say**

**If ‘yes’, how would you describe your disability, impairment or health condition?**

**Hearing impairment (deaf or hard of hearing)**

**Visual impairment (blind or partially-sighted)**

**Physical impairment – ambulant (I do not use a wheelchair)**

**Physical impairment – wheelchair user**

**Learning impairment / disability (e.g. Down’s Syndrome etc.)**

**Learning difficulty**

**(e.g. movement coordination difficulty (Dyspraxia), dyslexia etc.)**

**Long-term illness / disease / health condition**

**(e.g. cancer, HIV, diabetes etc.)**

**Prefer not to say**

**Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’ in relation to a disability, impairment or health condition, please discuss this with your line manager or the Human Resources Manager in the first instance.

**Sexual Orientation:**

**Heterosexual**  **Gay**  **Lesbian**

**Bisexual**  **Prefer not to say**

**If you prefer to use your own term, please specify here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Religion or Belief:**

**Christian**  **Buddhist**  **Hindu**  **Jewish**

**Muslim**  **Sikh**  **No religion or belief**  **Prefer not to say**

**If other religion or belief, please specify here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gender Reassignment:**

**If you have undergone, are undergoing, or intend to undergo gender reassignment are you**

**Transgender with an acquired gender of male**

**Transgender with an acquired gender of female**

**Not applicable**

**Prefer not to say**

|  |
| --- |
| **The UK Data Protection Act 2018 and the General Data Protection Regulation 2016/679**  The data on this form will be used for operational, managerial, and associated purposes relevant to the maintenance of employment records and to enable Huddersfield Town AFC and the Huddersfield Town Foundation to comply with our legal obligations under the Equality Act 2010. The information will also support the work we are undertaking in relation to the Premier League Equality, Diversity, and Inclusion Standard (PLEDIS), and the requirements of this framework.  The data will be used to produce depersonalised statistics (i.e., with no personal identifiers attached) in connection with ensuring equality of access and opportunities in all aspects of our business operations.  Please sign the following consent clause:  **“I agree to The Huddersfield Town Association Football Club Limited and/or The Huddersfield Town Foundation Limited processing the personal data carried on this form for the purposes set out in the statement above and my consent is conditional upon the organisation complying with its obligations under the UK Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2016/679.”**  **Signed/Printed: Date:** |