Disney Family Fun CPD Presenter - 2019

Application Form

1. Name

|  |
| --- |
|  |

1. Address, including postcode

|  |
| --- |
| Post code  |

1. Contact details, including mobile and email address

|  |
| --- |
| Land lineMobileEmail address  |

1. Qualifications (appropriate to the role)

|  |  |  |
| --- | --- | --- |
| Qualifications  | Date(s) achieved  | Organisation  |
|  |  |  |

1. Employment and/or experience (appropriate to the role).

|  |  |  |
| --- | --- | --- |
| Employment/experience  | Dates  | Organisation  |
|  |  |  |

1. Previous experience deliverying trianing/workshops to a range of audiances.

|  |  |  |
| --- | --- | --- |
| Training/workshop delivered  | Date/s | Organisation/audiance |
|  |  |  |

1. In no more than 500 words, outline why you should be selected as a Disney Family Fun CPD presenter. Please base your summary on the Person Specification.

|  |
| --- |
|  |

1. Any dates/times you can’t attend for screening on Friday 1st or Monday 4th March between 9am – 5pm?

|  |  |
| --- | --- |
| Date(s)/time(s) | Reason |
|  |  |

1. Any dates you unable to delivery the 3 hour CPD during the months of April and May?

|  |
| --- |
| Date(s)/time(s) |
|  |

1. Authenticity statement

|  |  |
| --- | --- |
| I declare that all the information in this application form is true and accurateSignature:  | Date:  |

Swim England Equal Opportunity and Diversity Form

Swim England is committed to promoting equal opportunities and diversity in employment, in respect of our recruitment and selection procedures and in ensuring that all employees receive equal treatment in employment.

We seek to employ a workforce which reflects the diverse nature of our community and value the contribution of each individual regardless of sex, age, marital status, disability, sexual orientation, race, colour, religion, ethnic or national origin.

Responses will be treated in the strictest of confidence. The information you provide will be used for statistical analysis only and will assist in evaluating the Company’s progress towards improvements in its diversity strategy. We would, therefore, be grateful if you would complete the details below in line with our commitment to promoting diversity.

The information will be held in compliance with the Data Protection principles as set out in the Data Protection Act 1998. Should you become an employee, we will seek periodic confirmation from you as to its accuracy.

(Please tick the appropriate boxes)

|  |  |  |
| --- | --- | --- |
| **Name:** |  |  |
| **Date of Birth:** |  |  |
| **Gender:** | Male [ ]  | Female [ ]  |

|  |  |
| --- | --- |
| **Ethnicity:****White**British [ ] Irish Gypsy or Irish Traveller [ ] Other [ ] Please specify: | **Black / African / Caribbean / Black British**African [ ] Caribbean [ ] Other [ ] Please specify: |
| **Asian / Asian British**Indian [ ] Pakistani [ ] Bangladeshi [ ] Chinese [ ] Other [ ] Please specify: | **Mixed/multiple ethnic groups**White and Black Caribbean [ ] White and Black African [ ] White and Asian [ ] Other [ ] Please specify: |
| Other ethnic groupArab [ ] Other [ ] Please specify: | Prefer not to say [ ]  |

 **Religion or Belief:**

 No Religion [ ]  Christian [ ]

 Buddhist [ ]  Hindu [ ]

 Jewish [ ]  Muslim [ ]

 Sikh [ ]  Other [ ]

 Prefer not to say [ ]

 **Sexual Orientation**

 Straight/Heterosexual [ ]  Gay/Lesbian [ ]

 Bisexual [ ]  Other [ ]

 Prefer not to say [ ]

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **Disability:** |  | **Learning Difficulty:** |  |
| No Disability | [ ]  | No Learning Difficulty | [ ]  |
| Visual Impairment | [ ]  | Moderate learning difficulty | [ ]  |
| Hearing impairment | [ ]  | Severe learning difficulty | [ ]  |
| Disability affecting mobility | [ ]  | Dyslexia | [ ]  |
| Other physical disability | [ ]  | Dyscalculia | [ ]  |
| Other medical condition e.g. diabetes, epilepsy, asthma, etc. | [ ]  | Other specific learning difficulty | [ ]  |
| Emotional/behavioural difficulties | [ ]  | Autism spectrum disorder | [ ]  |
|  |  | Asperger’s syndrome | [ ]  |
| Mental health difficulty | [ ]  | Multiple learning difficulties | [ ]  |
| Temporary disability after illness or accident | [ ]  | Other (Please specify below) | [ ]  |
| Profound complex disabilities | [ ]  | Prefer not to say | [ ]  |
|  |  |  |  |
| Multiple disabilities | [ ]  |  |  |
| Other (Please specify below) | [ ]  |  |  |
| Prefer not to say | [ ]  |  |  |

 If other please specify:

 **Gender Status:**

 At Birth I was described as the same Gender to what I am now [ ]

 At Birth I was described as a different Gender to what I am now [ ]

 Prefer not to say [ ]

 Other [ ]

**Please submit your application to educatortraining@swimming.org**