



ATHLETICS NORTHERN IRELAND



APPLICATION FORM FOR CASUAL EMPLOYMENT

Please note that CV's will not be accepted as application for this position

JOB TITLE: Rising Stars Coach (September 2010-June 2011)

Please complete the information on the following sheets. Please note that CV's should not be included, as they will not be considered. Candidates are asked to ensure that they address all the essential aspects of the Personal Specification in this application.

*SECTION 1 PERSONAL DETAILS*

Title	Mr/Mrs/Ms/Dr                      Other:	
Surname		
Forename(s)		
Postal Address	Line 1	
	Line 2	
	Town	Postcode
Contact Details	Daytime Tel	Evening Tel
	Mobile	Email

SECTION 2 Please complete as fully as possible

**2.1 Do you have an Athletics Specific Coaching Qualification? (If yes, please include level, name of awarding body, issue and expiry date, and your Licence No.)**

**2.2 Have you attended any Child Protection/Welfare/Safeguarding Courses? (If yes, please include course name, date and organising body)**

**2.3 Do you have any other relevant qualifications? (If yes, please give details below)**

**2.4 How have you shown commitment to your own personal development as a coach in the last 12 months? (Please give details below)**

**2.5 Have you any experience of working with athletes with a disability or have you any other experience which would assist you if working with athletes with a disability? (If yes, please give details below)**

*SECTION 3* Coaching Experience and Knowledge

**3.1 Please provide a summary of your previous related experience, which makes you a suitable candidate for the post.**

**3.2 What considerations must you make when coaching young athletes between the ages of 12-14 years?**

**SECTION 4**

- 4.1 Are you willing to commit to 4 squad sessions? YES/NO  
 4.2 Are you available and willing to undertake any training necessary for the post? YES/NO  
 4.3 Please indicate your preferred region (Underline)  
 (1. Belfast 2. Derry/Londonderry 3. Donegal Town 4. Cavan/Shercock)

**SECTION 5 REFEREE**

Please give below the name and address of a referee we may contact prior to confirming your appointment. This person should have experience of working with you in a coaching capacity.

Name			
Address	Line 1		
	Line 2		
	Town	Postcode	
Relationship			
Daytime Telephone			

**SECTION 6 DECLARATION**

Have you ever been subject to any disciplinary action or sanctions relating to child abuse?  
 YES  NO   
 If YES please give details

I wish to apply for the position indicated and confirm that the information given is a complete and accurate record. Any false statement may lead to my rejection or, if employed, dismissal.

I shall assume responsibility for all declarations to HM Revenue and Customs regarding tax and National Insurance Contributions, and that work offered is on a casual basis and without contract to/from Athletics Northern Ireland.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Completed application forms should be returned to:  
 Elaine McCaffrey, Athletics Northern Ireland, Athletics House, Old Coach Road, Belfast, BT9 5PR or  
 sent via email to Elaine@niathletics.org  
 Completed forms to be received by 4.00pm on Friday 13<sup>th</sup> August 2010