Application Form



Role: National Squad Team Operations Manager

Personal Details	
Title: First Name:	Last Name:
Email Address:	Mobile:
Nationality:	
England Touch membership number	· · · · · · · · · · · · · · · · · · ·
National Squad You Are Applying	For (please indicate preference by numbering from '1'):
Mixed 15s	
Boys 18s	
Girls 18s	
Mixed 18s	
Boys 20s	
Girls 20s	
Mixed 20s	
Mixed Open	
Men's Open	
Women's Open	
Women's 27s	
Mixed 30s	
Men's 30s	
Men's 35s	
Women's 35s	
Men's 40s	
Men's 45s	
Men's 50s	
Are you able to commit to a two-yea	r term?
o vou play reteree or manage at an	v unaffiliated Touch competitions/venues? ☐ YES ☐ NO

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Managing History						
Please list any teams that you have previously been involved with and any notable results						
Teams	Year	Location	Achievements			
Please describe your approach to managing and the methodology you use?						
Explain in what way you wou	ld contri	bute to the succes	ss of the England squad if successful in your			
application.						
Other Relevant Qualification	ıs:					
Please list any supporting information, giving important details such as:						
Other sports teams managed or qualifications held						
 Relevant professional 	qualifica	ations				
Training courses inc first aid, safeguarding						
Particular skills and abilities you have, gained from both career and / or leisure activities						
EQUALITY OF OPPORTUNITY						
England Touch is committed to achieving a sporting environment which provides equality of						
opportunity, and freedom from discrimination on the grounds of race, colour, nationality, ethnic						
origin, gender, marital status, disability, religious or political beliefs, age, sexual orientation or						
offending background.						
DISABILITIES						
Oo you have a disability?	□ YES □	NO				
If you have answered YES, please give brief details of the effects of your disability on your day-to-day						
activities, and any other information that you feel would help us to accommodate your needs and						
thus meet our obligations und	er the D	sability Discrimina	ation Act 1995:			

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CRIMINAL CONVICTIONS

Do you have any convictions,	even those which are considered s	spent under the Rehabil	itation of				
Offenders Act, or do you have	☐ YES ☐ NO						
This will be discussed only if you are short-listed for interview and will be discussed at interview only if t is felt to be relevant to the post for which you have applied.							
ENHANCED CRB DISCLOSURE							
England Touch requires all coaching staff to be Enhanced CRB Disclosure checked. If you have already							
been CRB checked, please provide details below. If you have not been CRB checked, you will need to go							
through this process before your appointment.							
Enhanced CRB Disclosure D	etails						
Disclosure number:							
Date of issue:							
References:							
Please give names, address	es and the position of two referee	s to whom reference ma	ay be made in				
your capacity as a Team Manager							
	Reference One	Reference Two					
Name							
Address							
Position							
Contact Phone Number							
Contact Email Address							
Declaration:							
I certify that all facts / details stated on this form are correct. I understand that England Touch reserves the right to verify all information contained in this application using background checks before confirming the advertised role. I authorise England Touch to obtain references from any referees.							
Signature:		Date:					
CLOSING DATE: Ongoing until roles are filled.							
Please send application to:							
Pippa Bourke (hplogistics@englandtouch.org.uk) and							
Sammie Phillips (performance.support@englandtouch.org.uk)							

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