**Declaration Form – County Durham Sport Chair**

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| **Privacy Policy**  *All information provided will be handled and stored sensitively, treated with the strictest confidence and used solely for its intended purpose. To view our privacy policy please visit* [*www.countydurhamsport.com*](http://www.countydurhamsport.com) |

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| **Contact Details** | |
| Title: |  |
| First Name: |  |
| Surname@: |  |
| Address: |  |
| Postcode: |  |
| Contact number: |  |
| Contact email: |  |

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| **Recruitment and Selection Process** | |
| Are you able to attend the specified interview date?  If no, please specify your availability: |  |
| How did you hear about this role? |  |

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| **Eligibility** | | |
| There are restrictions on who can apply to become a Board Member, because company law requires certain conditions must be met. You may not be eligible to be a board member if:-   * You are a member of the Associations staff * You are a Board Member of the Association * You have been a director of a company which has gone into liquidation * You have been convicted of a serious criminal offence (in particular, any offence involving dishonesty or imprisonment or in relation to the promotion, formation, management or liquidation of a Association) * You are an employee (at a senior level) or a Board member or director of a contractor or supplier of the Association | | |
| Do any of these conditions apply to you?  If yes, please give further details: |  | |
| **Convictions** | | |
| The Rehabilitation of Offenders Act 1974 requires us to ask if you have any ‘unspent’ convictions. The information you provide will be treated in the strictest confidence and only be taken into account where, in the reasonable opinion of County Durham Sport, the offence is relevant to the post for which you are applying.  Failure to declare a conviction may result in the termination of any assignment if the offence is not declared but later comes to light. | | |
| Do you have any unspent criminal convictions or spent convictions?  If yes, please provide details: | |  |

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| **References** | |
| Please provide contact details of two referees you have worked for or with. References will not be taken until you have been offered the job. | |
| **Referee 1:** | |
| Full Name: |  |
| Position: |  |
| Relationship: |  |
| Address: |  |
| Email: |  |
| Contact number: |  |
| **Referee 2:** | |
| Full Name: |  |
| Position: |  |
| Relationship: |  |
| Address: |  |
| Email: |  |
| Contact number: |  |

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| **Declaration** | | |
| Are you known to or closely related to anyone connected with or employed by County Durham Sport?  If yes, please provide details: | |  |
| Are you or anyone closely related to you involved in a company which County Durham Sport does business with?  If yes, please provide details: | |  |
| Are you a member of, or involved with, any relating organisations (e.g. Sports Club, Governing Body of Sport)?  If yes, please provide details: | |  |
| Do you have any commercial interest in County Durham Sport? Including: interests in company owning, operating or providing sports facilities or related services such as equipment sales, promotional companies?  If yes, please provide details: | |  |
| Is there anything in your history that you should reasonably draw to our attention, which, if came to light subsequently, and the employer was unaware of the matter, could bring the employer into disrepute?  If yes, please provide details: | |  |
| *If a conflict does occur during the course of carrying out any duties it is your responsibility to openly declare it to the meeting you are attending and formal recording must be made.* | | |
| * I hereby confirm that the information given on my CV, covering statement and declaration form is true and correct. * I understand that any offer employment is conditional upon the accuracy of this information and any false or misleading information, as well as withholding relevant information, may lead to my application being disqualified, the withdrawal of a job offer or, if I have been appointed, to my dismissal. | | |
| Signed (please print your name): |  | |
| Date: |  | |

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| **Equal Opportunities Monitoring form**  *This form will* ***NOT*** *be used during the shortlisting process but will be used for the purpose of recruitment monitoring. All information supplied will be treated in the strictest confidence.**Please complete the appropriate boxes.* | | | | | | |
| Gender: | Male | Female | | Prefer not to say | | Other (please specify) |
| Date of Birth: |  | | | | | |
| Sexuality: | Bisexual | Lesbian / Gay | | Heterosexual | | Prefer not to say |
| Disability: | A disability is an impairment that has (or is likely to have) a substantial (more than minor), adverse, long-term (more than a year) effect on the ability to carry out normal day-to-day activities.  Do you consider yourself to have a disability? | | | | | |
| Yes | | No | | Prefer not to say | |
| Please list here any reasonable adjustments you may require: | | | | | |
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| Ethnicity: |  | | | | | |
| Religion, Faith or Belief: |  | | | | | |