



Arundel & Downland Community Leisure Trust

Arundel Lido, Queen Street Arundel BN18 9JG

website: www.arundel-lido.com

Tel: 01903 884772 (Office)

e-mail: manager@arundel-lido.com

STRICTLY CONFIDENTIAL
(when completed)

Application for Employment Summer Season 2020

Please type or complete this form in black ink. The form should be completed in full – curriculum vitae will only be accepted as additional information.

POST APPLIED FOR: (please Circle)	Lifeguard	Receptionist	Swim Teacher	Duty Manager
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PERSONAL DETAILS

National Insurance No.: -----

Surname:	Home Telephone No.
First Names:	Work Telephone No.
Address:	Mobile Telephone No.
Post Code	Email Address:
	Do you need a Work Permit? Yes/No
	Have you had a DBS (CRB) check? Yes/No
	DBS Check Number: -----
Have you worked at Arundel Lido before: Yes/ No If no, how did you hear about the position? If yes, what was your previous role?	Do you hold a current Driving Licence? Yes/No Do you have use of a car? Yes/No

EMPLOYMENT STATUS

Please circle as appropriate: **Employed full time - Employed part time - Self Employed – Student - Unemployed**

DATES AVAILABLE

Please state the dates you are available to start this summer season:

Please give details of any holidays already booked this summer:

CAREER HISTORY Please include part time and vacation work

Current/most recent occupation:	
Name and Address of Employer:	Current Salary:
Position held:	Benefits/Allowances:
Dates of Employment:	Notice Period Required:

Please give a description of your present duties, including details of whom you report to and staff for whom you are responsible. If not currently working, please mention any relevant work undertaken at home or in a voluntary capacity.

EMPLOYMENT

Name of Previous Employers (most recent first)	Position Held	Date From	Date To	Reason for Leaving

EDUCATION

Schools & Sixth Form Colleges	From	To	Qualifications – including GSCE, GNVQ, and A-levels with year obtained
University/College/Other	From	To	Qualifications and year obtained

PROFESSIONAL QUALIFICATIONS

Qualification	Method of Study	Year Obtained	Membership Number
Pool Lifeguard First Aid Health & Hygiene Pool Plant Operator Swim Teacher			

HOBBIES AND INTERESTS

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OTHER INFORMATION

Please outline the reasons for your interest in this job?		
Date of Birth:	Gender: Male/Female/ Gender Neutral	Marital Status: Single/Married/Divorced/Widowed

REFERENCES

Please give names and addresses of two referees, one of whom must be your most recent employer	
Name	Name
Address	Address
Post code	Post code
Telephone no.	Telephone no.

OTHER INFORMATION

If you consider yourself as having a disability, is there any support you would require? Please specify (e.g. wheelchair accessible rooms etc.)	
Are you related to any member / employee of this Organisation?	Yes/No

REHABILITATION OF OFFENDERS ACT 1974 – NOTICE TO OFFENDERS

Do you have any convictions to disclose? YES / NO Any information should be given on a separate sheet and sent with this application form. This information will be treated as confidential and will not necessarily preclude you from employment.
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DBS (Disclosure and Barring Service) Formerly CRB (Criminal Records Bureau)

<p>The Trust requires most employees to be cleared with the DBS. For some positions, the Trust will need to apply for a disclosure application - the level of the check will be dependent on the duties to be undertaken. The request would only be made in respect of a selected candidate after a provisional offer of appointment has been made. Confirmation of the job offer is conditional on the outcome of the appropriate disclosure. It would be appreciated, therefore, if you would give your consent for this procedure to be followed if you are a successful applicant and do not already hold a DBS certificate. The cost of the application will be borne by the Trust.</p> <p>I consent to a disclosure application being made if I am a successful applicant:</p> <p>Signed:</p>
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HEALTH SCREENING

The appointment to any post in the Trust is subject to satisfactory health screening. You will, therefore, be asked to complete a Declaration of Health and may be asked to undertake a medical examination if successful.

	Question	Yes	No
1.	Are you a registered disabled person?		
2.	Have you ever received compensation or a disability pension?		
3.	Are there any medical reasons why you should not do shift work?		
4.	Are you able to carry out strenuous physical work including climbing, bending, lifting and carrying?		
5.	Have you ever had to give up a job for medical reasons?		
6.	Have you been off work continuously for more than one month during the last five years?		
7.	Have you ever had any operations requiring hospital admission for five or more days?		
8.	Is your eyesight normal (with glasses worn)?		
9.	Do you wear contact lenses?		
10.	Is your hearing normal?		
11.	Do you regularly take tablets or medicine? If yes to above, what do you take?		

Have you ever had any of the following?

	Question	Yes	No
1.	Diabetes		
2.	Tuberculosis		
3.	Angina		
4.	Asthma		
5.	Any other heart trouble		
6.	Raised Blood Pressure		
7.	Peptic, gastric or duodenal ulcer		
8.	Indigestion for more than one week		
9.	Back trouble, lumbago, sciatica, slipped disc		
10.	Epilepsy, recurring blackouts or fits		

Have you had any of the following in the last five years?

	Question	Yes	No
11.	Bronchitis, pneumonia		
12.	Dermatitis, eczema, or any other skin trouble		

Do you suffer from any of the following?

	Question	Yes	No
13.	Migraine or severe recurring headaches		
14.	Anxiety, depression or any other nervous complaint		
15.	Fainting attacks or giddiness		
16.	Kidney trouble or urinary infection		
17.	Known allergies		

If you have answered "Yes" to any of the questions 1-17 please give brief details in the box below.

Have you consulted a doctor about your health in the last twelve months? YES NO

If "YES" please give brief details _____

I confirm that I have read and understood the data contained in this form. I declare that the information given is correct to the best of my knowledge and understand that omissions or false statements may disqualify me from employment or lead to dismissal. I am willing to undergo a medical examination if required

Signature: Date:

Please send your completed application to:
Arundel Lido, Queen Street, Arundel, West Sussex BN18 9JG
or email your completed application to: manager@arundel-lido.com

Note: Data Protection Act 1998 Under the Data Protection Act, the Trust is obliged to inform you that your name, address and details of the position you are interested in will be stored on a computer for the purposes of Human Resources administration. Non-personal information from all monitoring sheets is also used for statistical purposes to assist with recruitment monitoring.