

**LLAIN ACTIVITY CENTRE, LLANARTH, CEREDIGION, WALES, SA47 0PZ**

**APPLICATION FORM FOR MULTI ACTIVITY INSTRUCTOR**

SURNAME \_\_\_\_\_ FORENAMES \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_\_ SEX MALE / FEMALE

ADDRESS \_\_\_\_\_

TEL. NO \_\_\_\_\_ E-MAIL \_\_\_\_\_

**QUALIFICATIONS**

Please give details of your academic and / or professional qualifications. Continue on a separate sheet if necessary.

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OTHER QUALIFICATIONS (Please circle as appropriate).

RYA :                    DINGHY LEVEL      2   /   3      /   INSTRUCTOR

                            POWERBOAT LEVEL 2 / SAFETY BOAT / INSTRUCTOR

BCU / WCA :            COACH LEVEL.....KAYAK    CANOE SAFETY / RESCUE TEST

                            4 STAR INLAND and / or SEA      Membership No.....

RLSS:                    BRONZE MEDALLION or OTHER.....

BMC:                    SPA TRAINING / ASSESSMENT      Membership No.....

MLTB:                    SUMMER TRAINING / ASSESSMENT

GNAS:                    CSLA (ARCHERY LEADER)      OTHER.....

FIRST AID CERTIFICATE (give details and expiry date).....

OTHER NGB QUALIFICATIONS: ( continue on a separate sheet if necessary).

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HAVE YOU WORKED WITH ANY VOLUNTARY ORGANISATIONS? (INCLUDE DATES)

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**PREVIOUS EMPLOYMENT HISTORY**

Please give details of two previous employers and any other relevant employment history.

**NAME & ADDRESS OF EMPLOYER**

\_\_\_\_\_  
\_\_\_\_\_

DETAILS OF DUTIES \_\_\_\_\_

\_\_\_\_\_

DATES OF SERVICE \_\_\_\_\_

COULD WE APPROACH THIS EMPLOYER FOR A REFERENCE? YES / NO

**NAME & ADDRESS OF EMPLOYER**

\_\_\_\_\_

\_\_\_\_\_

DETAILS OF DUTIES \_\_\_\_\_

\_\_\_\_\_

DATES OF SERVICE \_\_\_\_\_

COULD WE APPROACH THIS EMPLOYER FOR A REFERENCE? YES / NO

DRIVING LICENCE? YES / NO DO YOU HAVE A CRIMINAL RECORD? YES / NO

ARE YOU PREPARED TO UNDERGO A POLICE CHECK? YES / NO

WOULD YOU BE INTERESTED IN A SHORT TERM CONTRACT YES / NO

WHY DO YOU ENJOY WORKING WITH YOUNG PEOPLE? \_\_\_\_\_

\_\_\_\_\_

CIRCLE THE AGE GROUPS YOU PREFER WORKING WITH? 8-11 12-15 16-18 Adults

WHEN ARE YOU AVAILABLE TO WORK? From \_\_\_\_\_ To \_\_\_\_\_

PLEASE GIVE DETAILS OF TWO REFEREES WHO CAN GIVE A PROFESSIONAL ASSESSMENT OF YOU AND IF POSSIBLE BE ABLE TO COMMENT ON YOUR TEACHING ABILITY ESPECIALLY WITH YOUNG PEOPLE.

NAME \_\_\_\_\_ NAME \_\_\_\_\_

POSITION \_\_\_\_\_ POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

\_\_\_\_\_

TEL \_\_\_\_\_ TEL \_\_\_\_\_

IF THERE IS ANY FURTHER INFORMATION WHICH YOU WOULD LIKE TO ADD PLEASE CONTINUE ON THE REVERSE OF THIS FORM.

I certify that all the information given on this form is true and correct.

Signed \_\_\_\_\_ Date \_\_\_\_\_