**Surrey County Football Association**

**Recruitment Pack: Inclusion Advisory Group Chair**

Dear Applicant

**Re: Inclusion Advisory Group Chair**

Thank you for your request for an application pack for the above vacancy and I have pleasure in enclosing the application form and job description.

Surrey Football Association (SFA) is committed to relaunching our Inclusion Advisory Group, with the Chair playing a key role in ensuring the Group challenges and supports the organisation to embed inclusion across the business.

We would welcome your application if the role appeals to you and you feel that you can demonstrate that you meet the criteria.

If you wish to apply, please ensure that you submit a cover letter explaining your suitability for the role along with your CV and application form to me by 19th July 2019 in an envelope addressed for my personal attention and marked ‘Private and Confidential’ or by email to [Soye.Briggs@Surreyfa.com](mailto:Soye.Briggs@Surreyfa.com).

It is not mandatory to complete the application form and non-completion will not affect your application. However, if you do wish to complete the form, please return it with your application in a blank envelope to ensure anonymity.

We pride ourselves on providing a membership focused service and the successful post holder will need to demonstrate empathy to that approach.

The post is voluntary with expenses to and from meetings reimbursed; meetings are held in our offices in Meadowbank, Dorking, Surrey RH4 1DX.

Please note that you will be informed by 26th July 2019 if you have been short listed for interview. The interview date is 31st July 2019 between 9am and 6pm.

I look forward to receiving your completed job application form.

Yours sincerely

Soye Briggs

Vice Chair

Surrey FA

**Application form: Inclusion Advisory Group Chair**

To be returned to:

Soye Briggs, Vice Chair, SFA, Meadowbank, Dorking, Surrey, RH4 1DX, marked ‘Private and Confidential’ or by email [Soye.Briggs@SurreyFA.com](mailto:Soye.Briggs@SurreyFA.com)

|  |  |
| --- | --- |
| Surname |  |
| First name |  |
| Address |  |
|  |  |
|  |  |
| Post Code |  |
| Contact Telephone Number |  |
| Mobile Telephone Number |  |
| Email Address |  |
| Do you consider yourself to have a disability? Please tell us if there are any ‘reasonable adjustments’ we can make to assist you in your application or with our recruitment process |  |
| Do you need a work permit to work in the UK? |  |
| Please give the names and address of two referees who can be contacted (only in the event of your being offered the position). Please state in what capacity they are known to you (i.e. Personal or employer, etc) | |
| Reference One | |
| Reference Two | |
| Do you hold a current Football Association issued Criminal Records Bureau certificate? YES / NO | |

Please return this form together with your CV and a covering letter why you are applying for this position by 19th July 2019.

*I certify that the above are correct details and that any offer of employment would be subject to satisfactory references. I also consent to the SFA making verification checks as appropriate.*

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

To assist us in monitoring that the wider community is being made aware of our vacancies, you are invited to complete the following form. It is not mandatory and non-completion will **not** affect your application. Please detach and return in an unmarked envelope with your application form.

**Age**

Under 18 18-24 25-34 35-44 45-54 55-64 Over 65 Prefer not to say

**Gender**

Male Female Prefer not to say Prefer to self-describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you identify as Trans?**

Yes No Prefer not to say

#### How would you describe your sexual orientation?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Heterosexual |  | Gay Man |  | Gay Woman / Lesbian |  |
| Bisexual |  | Prefer not to say |  |  | |
| Prefer to self-describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

#### Religious Belief

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Christian |  | Buddhist |  | No Religion / Faith |  |
| Jewish |  | Muslim |  | Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Sikh |  | Atheism |  |  |  |
| Hindu |  | Prefer not to say |  |  | |
|  | | | | | |

**Ethnic Group**

***White***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| British/ English/ Scottish/ Welsh/ Northern Irish |  | Irish |  | Gypsy, Roma or Irish  Traveller |  |
| Eastern European |  | Other |  |

***Mixed/ Multiple Ethnic Groups***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| White & Black Caribbean |  | White & Black African |  | White & Asian |  |
| Other | | | | | |

***Asian/ Asian British***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Indian |  | Chinese |  | Bangladeshi |  |
| Pakistani |  | Other |  |
|  |

***Black*/ *African/ Caribbean/ Black British***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Caribbean |  | African |  | Other |  |
|  | | | | | |

***Other Ethnic Group***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Arab |  | Other |  | Prefer not to say |  |
|  | | | | | |

#### Disability

### Equality Act 2010 definition of disability: Under the Equality Act 2010, a person is considered to have a disability 'if they have a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities’. ‘Substantial' is defined by the Act as 'more than minor or trivial'. An impairment is considered to have a long-term effect if:

### It has lasted for at least 12 months

### It is likely to last for at least 12 months, or…

### it is likely to last for the rest of the person’s life. Do you consider that you meet this definition?

Yes No Prefer not to say

\*If you have indicated yes to the previous question, please indicate the impairment(s) that you feel applies to you:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Visual impairment |  | Hearing impairment |  | Physical impairment- ambulant |  |
| Physical impairment- wheelchair user |  | Learning impairment/ disability |  | Language difficulty |  |
| Social/ communication impairment |  | Long term illness |  | Mental Health Condition | |  |
| Prefer not to say Other please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
|  | | | | | |

#### Which of the following best describes your current relationship status?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Married/ Civil Partnership |  | Widowed |  | Divorced |  |
| Separated |  | Single |  | Co-habiting | |  |
| Prefer not to say |  | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

#### Pregnancy/Maternity?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Prefer not to say |  |