**Inclusion Advisory Group (IAG) Chair**

**Application Form**

**Section 1 - Personal Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full name** |  | | **D.O.B** | |  |
| **Address** |  | | | | |
|  | | **Post code** | |  | |
| **Email Address** |  | | | | |
| **Contact Tel (Home)** |  | **Contact Tel (Mobile)** | |  | |
| **Connection with football**  **(if any)** |  | **Occupation** | |  | |

**Do you have a valid Driving Licence?** Yes/No (Please circle)

**Section 2 - Relevant Experience**

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| --- |
| **Please give brief bullet points of all experience relevant to the role.  Include details of any voluntary and paid experience. Please tell us how you meet the requirements of the person and role specification.** |
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**Section 3 - Reasons for applying**

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| --- |
| **Please give brief bullet points of why you would like to become a part of The WRCFA Inclusion Advisory Group (IAG). Please feel free to relate this to your career, hobbies, aspirations and philosophy.** |
|  |

**Section 4 - Signed Declaration**

*The information on this form is correct and complete to the best of my knowledge.*

Signed: Dated:

Please send your completed application form to info@westridingfa.com and insert ‘IAG Application- *Your Name’* as the subject title.Closing date for applications: **Monday 14th January 2019, 5pm.**

Alternatively you can send your application by post addressed: Strictly Private & Confidential to

**Hannah Simpson** at,

**West Riding County Football Association**

**Fleet Lane**

**Woodlesford**

**Leeds**

**LS26 8NX**

**Thank you for your interest and for taking the time to complete the application form**