GIBRALTAR SPORTS & LEISURE AUTHORITY



PHOTO

APPLICATION FORM

GIBRALTAR SPORTS & LEISURE AUTHORITY BAYSIDE SPORTS CENTRE BAYSIDE ROAD GIBRALTAR

| 1. POST APPLIED FOR: | | |
|----------------------|----------------------------|--|
| Post Title: | Lifeguard / Pool Operative | |
| Name of applicant: | | |

- Please ensure that you answer all the questions as fully as possible.
- Please do not cross out sections, or write 'see CV' or 'refer to CV'.
 Although CVs may be submitted, they will only be accepted in support of information, statements or contentions, already established in the application form.
- Two reference letters are required to be attached with this application form.
- Once completed, a scanned copy of this application form and supporting documents must be submitted <u>ELECTRONICALLY</u> to the Gibraltar Sports & Leisure Authority on email: <u>info@gsla.gi</u> by <u>12 NOON</u> on <u>Friday 17th November 2023.</u>
- <u>Original documents</u> as proof of academic and other qualifications must be brought to interview. (These will be checked and returned immediately).

<u>NOTE</u>: Should you have any queries relating to your application either prior to or after interview, you may write to the Chief Executive Officer, at the above address.

Do not write below this line.

FOR OFFICIAL USE ONLY

| <u>-</u> | U U | |
|-------------------------|------|----------|
| DOCUMENT | SEEN | RETURNED |
| Evidence of Nationality | | |
| Qualifications | | |
| 2 Reference Letters | | |
| I/D CARD OR PASSPORT | NO. | |
| | | |

| 2. PERS | SONAL | INFORM | MATION | | |
|------------|----------|-----------|----------|---------------------------------------|-----------------------|
| Title: | | | Surname: | | |
| Forenar | nes: | | | | |
| Previous | s Name | if Applic | cable: | | |
| Date of | Birth: | | | | |
| Age: | | | | | |
| Address |): | | | | |
| suitable v | way of c | | | ormation and indic lore than one): | ate which is the most |
| (Please t | • | e Numb | er: | | |
| Work Te | elephone | e Numbe | er: | | |
| Mobile T | Telephor | ne Numl | ber: | | |
| Email ad | ddress: | | | | |

3. EMPLOYMENT HISTORY

Please list in order (the most recent first), the organisation(s) you have worked for, whether full or part time, including voluntary, unpaid, or self-employed work. (PLEASE USE ADDITIONAL SHEETS IF NECESSARY)

| (a) Current (or most red | cent) Employer's Name a | ind Address: | |
|--------------------------|-------------------------|--------------|--|
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| | | | |
| Dates of Employment: | From: | To: | |
| Job Title: | | | |
| Reason for leaving: | | | |
| Brief outline of Duties: | | | |
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| | | | |
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| (b) Previous Employer' | s Name and Address: | | |
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| Dates of Employment: | From: | To: | |
| Job Title: | | | |
| Reason for leaving: | | | |
| Brief outline of Duties: | | | |
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| (c) Previous Employer' | s Name and Address: | | |
| (o) i revious Employer | 5 Hume and Address. | | |
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| Dates of Employment: | From: | To: | |
| Job Title: | FIOIII. | 10. | |
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| Reason for leaving: | | | |
| Brief outline of Duties: | | | |
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| 4. QUALIFICATIONS Please give details of any qualification(s) held and where obtained. PLEASE USE ADDITIONAL SHEETS IF NECESSARY) | | | | |
|---|--------------|------------|---------------|-------|
| School(s) | Date(s) | Subject(s) | Qualification | Grade |
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| 5. FURTHER & HIGH | ER EDUCATION | | | |
| 3. I SKITIEK & HIGHER EDGGATION | | | | |

Please give details of any further or higher education - colleges/universities attended and any qualifications obtained.

(PLEASE USE ADDITIONAL SHEETS IF NECESSARY)

| College / University/ Training provider | Date(s) | Subject(s) | Qualification | Grade |
|--|---------|------------|---------------|-------|
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| | EVELOPMENT | | | |
|--|---|---------------------------------------|---|--|
| | | ken – i.e. Management | courses, IT courses, | |
| First Aid certificates etc. (PLEASE USE ADDITIONAL SHEETS IF NECESSARY) | | | | |
| College / University/ | | Subject(s) | Qualification(s) / | |
| Training provider | | | Grade(s) | |
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| 7. PERSONAL STA | TEMENT | | | |
| | | self that you consider re | elevant to this application. | |
| Add any further inform You should describe yo | nation about yours our knowledge, ex | xperience, skills and ab | elevant to this application. | |
| Add any further inform You should describe you paid and/or voluntary w | nation about yours our knowledge, ex vork, studies, hob | xperience, skills and ab bies etc. | elevant to this application. oilities gained from your | |
| Add any further inform You should describe yo | nation about yours our knowledge, ex vork, studies, hob | xperience, skills and ab bies etc. | | |
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| Add any further inform You should describe you paid and/or voluntary w | nation about yours our knowledge, ex vork, studies, hob | xperience, skills and ab bies etc. | | |

| Please provide the following inform accompany this application form which Referees should not be relatives o | nen you hand it in. | | nal reference must |
|--|---------------------|--------------|--------------------|
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| (a) FIRST REFERENCE | | | |
| Full Name of Referee | | | |
| Full Address of Defense | | | |
| Full Address of Referee | | | |
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| | | | |
| | | | |
| | | | |
| Email address | | Contact Tel: | |
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| (b) SECOND REFERENCE | | | |
| Full Name of Referee | | | |
| Full Address of Referee | | | |
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| | | | |
| Email address | | Contact Tel: | |

8. REFERENCES

9. DATA PROTECTION ORDINANCE 2004

Under the Data Protection Ordinance 2004, the Gibraltar Sports & Leisure Authority reserves the right to collect, store and process personal data about applicants in so far as it is relevant to their application for employment. This Application Form will remain on file for as long as administratively necessary and then be destroyed. All personal information held will be processed in accordance with the Data Protection Ordinance 2004.

We will only disclose personal information contained in this form in the following circumstances: -

- If we are required to do so by any court order, or by law.
- If selected for the post, (except for information contained in Section 13), to Government Departments (for administrative purposes) and to the Gibraltar Health Authority (for the purpose of Section 11).

10. (a) EQUALITY OF OPPORTUNITY

The Gibraltar Sports & Leisure Authority is committed to a policy which ensures that all job applicants and employees receive equality of opportunity, therefore ensuring that all recruitment is solely on merit.

No applicant or employee will receive less favourable treatment on the grounds of age, disability, race, religious belief, sex or sexual orientation, or will be disadvantaged by conditions or requirements which cannot be shown to be justifiable.

10. (b) DISABLED APPLICANTS

In order to help us implement our equal opportunities policy effectively, please indicate below if you would like us to provide any particular assistance for your interview, as a result of disability.

| result of disability. |
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| Please specify type of assistance required, e.g. wheelchair access. |
| risass speemy type or assistance requires, eig. Innesistance assessi |
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11. MEDICAL

I understand that if I am selected for employment to the post for which I am applying, I will be required to undergo a medical examination and be declared fit for employment.

12. STATEMENT TO BE SIGNED BY APPLICANT

I hereby give consent to the collection, storage and processing of my personal details in connection with my application and as outlined in this application form.

I confirm that to the best of my knowledge, the information given in this application form is true and correct. I understand that giving false or misleading statements or withholding information, may result in withdrawal of an offer of employment, or my appointment being terminated if I have already been appointed.

| NAME IN BLOCK LETTERS | SIGNED | DATE |
|-----------------------|--------|------|
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13. COMPETENCY TEST AVAILABILITY

Please note that a competency test will be held for applicants **on Monday 20**th **November 2023** at 10 am – 12 noon, 12 noon – 2pm or 7.30pm – 9.30pm

Please delete below as appropriate:

| YES / NO | YES / NO | YES / NO |
|---|--|--|
| Available for competency test at 10am – 12 noon | Available for competency test at 12 noon – 2pm | Available for competency test at 7.30pm – 9.30pm |

| 14. DECLARATION OF CRIMINAL OFFENCES | | | | |
|--|---|----------------------|------------------------------|--|
| Have you been cautioned, court martialled, or been convicted of a criminal offence within the last 10 years. (Please tick below) | | | | |
| YES | YES NO | | | |
| If you have t sheet if neces | icked yes then you must complessary. | ete the table below. | Please use additional | |
| Date | Offence | Sentence | Pending Charges (Give dates) | |
| | | | | |
| | | | | |
| Gibraltar Sp applied for a given will be you are appl Failure to withdrawal | Having a criminal record will not necessarily bar you from taking up employment with the Gibraltar Sports & Leisure Authority. This will depend on the nature of the position applied for and the circumstances and background of your offences. Any information given will be treated confidentially and only considered in relation to the post for which you are applying. Failure to disclose any information requested in this Section, may lead to the withdrawal of an offer of appointment, or termination of employment if you have already been appointed. | | | |
| Signed: | | | | |
| Name: (IN BLOCK LE | TTERS) | | | |
| Date: | | | | |