



OFFICE USE ONLY	
AI <input type="checkbox"/>	AAI <input type="checkbox"/> CR <input type="checkbox"/> KA <input type="checkbox"/> C <input type="checkbox"/>
AC <input type="checkbox"/> M <input type="checkbox"/> CI <input type="checkbox"/> CS <input type="checkbox"/> AD <input type="checkbox"/>	
Dates:.....	
Centre:.....	

Please attach a photo here

<b>Surname</b>		<b>Forename(s)</b>	
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PERSONAL DETAILS			
Age		Date of Birth	___ / ___ / ___
N.I. no.		Nationality	
Permanent Address		Address for Correspondence	
Postcode		Postcode	
Dates		Dates	
Tel no.		Tel no.	
Mobile no.		Email	
How did you hear of us?			

OTHER PERSONAL DETAILS	
Do you need a work permit to take up employment in the UK or EU?	Yes / No
Do you hold a full driving licence? If so, please send a copy of your driving license with your application.	Yes / No
Does the licence have any endorsements?	Yes / No
If YES, please give further details.	
Have you any convictions (including any unspent/other than spent convictions) under the Rehabilitation of Offenders Act 1974?	Yes / No
If YES, please give full details	
Have you ever worked for Rockley Watersports before?	Yes / No
Please send a copy of your passport with your application	(Enclosed) Yes / No

<b>EDUCATION</b>			
Please give brief details of your most recent education			
Dates		Schools since age 11	Subjects being studied / exams passed
From	To		
Dates		College or University	Courses & Results
Dates		Further Formal Training	Diploma / Qualification
Dates		Job related training courses Name of organisation	Subject

<b>WATERSPORTS QUALIFICATIONS/EXPERIENCE</b>			
You <b>MUST</b> enclose copies of any qualifications held. Your application will <b>NOT</b> be considered without evidence of your qualifications.			
Activity	Qualifications Held	Experience (Use a separate sheet if necessary)	Copies enclosed
Dinghy			Yes / No
P/Boat			Yes / No
Windsurfing			Yes / No
Canoeing/Kayak			Yes / No
Surfing			Yes / No
First Aid	Type:	Expiry Date ____ / ____ / ____	Yes / No
MTB			Yes / No
Catering			Yes / No
Child-minding			Yes / No
Languages			Yes / No
Other			Yes / No
RYA Number (if applicable) .....			

**Please ensure you enclose copies of ALL qualifications**

<b>CURRENT OCCUPATION</b>		
Tell us about your employment history, including any vacation and voluntary work, use a separate sheet if necessary.		
Start Date	Employer's Name and Address	Job Description

<b>EMPLOYMENT HISTORY</b>				
Please include any vacation and voluntary work and continue on a separate sheet if necessary.				
Dates		Employer's Name and Address	Job Description	Reason for Leaving
From	To			

<b>AVAILABILITY</b>	
Availability for	Dates
Seasonal work (please give earliest dates)	

<b>YOUR UNIFORM SIZE</b>									
Small	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Large	<input type="checkbox"/>	Exlarge	<input type="checkbox"/>	ExExlarge	<input type="checkbox"/>

<b>ARE YOU APPLYING WITH SOMEONE ELSE?</b>					
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If 'yes' please give a name	

<b>PREFERRED POSITION</b>											
<b>Management Positions</b>											
Centre Manger	<input type="checkbox"/>	Assistant Manager	<input type="checkbox"/>	Chief Watersports Instructor	<input type="checkbox"/>						
<b>Watersports</b>											
Centre Senior	<input type="checkbox"/>	Activity Instructor	<input type="checkbox"/>	Assistant Activities Instructor	<input type="checkbox"/>						
<b>Non-watersports</b>											
Chef	<input type="checkbox"/>	Assistant Chef	<input type="checkbox"/>	Kitchen Assistant	<input type="checkbox"/>	Courier	<input type="checkbox"/>	Administration Assistant	<input type="checkbox"/>	Care Assistant	<input type="checkbox"/>
<b>Please tick your preferred work locations</b>											
UK-Rockley Watersports	<input type="checkbox"/>	UK - Poole Park	<input type="checkbox"/>								
La Reserve	<input type="checkbox"/>	AzuRivage	<input type="checkbox"/>	La Rive	<input type="checkbox"/>	Mayotte	<input type="checkbox"/>				

**SELF DECLARATION**

**Health**

Do you have, or have you had, a physical condition, which would limit your ability to perform the particular job for which you are applying? Yes / No  
 If so, please give details

You may be required, as part of your application, to complete a Pre-Employment Medical Questionnaire.  
 Are you prepared to undergo a medical examination prior to employment? Yes /No

**REFERENCES**

Please ensure that you provide us with names and the contact details of two referees. These should not be family or friends but people who know you in a professional capacity, such as former employers, teachers or lecturers. You will only be offered a position with Rockley Watersports if we receive references from these referees at our request. It is therefore essential that you let them know that you are using their name. We will also carry out a police check on all successful candidates. This is to ensure that applicants do not have a record of child related offences.

Title: Mr, Mrs, Miss, Ms (please circle)	Title: Mr, Mrs, Miss, Ms (please circle)
Name: .....	Name: .....
Address: .....	Address: .....
.....	.....
.....	.....
Postcode: .....	Postcode .....
Tel no: .....	Tel no: .....
Email: .....	Email: .....
Occupation: .....	Occupation: .....

**ALL INFORMATION GIVEN WILL BE TREATED IN THE STRICTEST CONFIDENCE  
 AND WILL NOT BE USED TO DISCRIMINATE**

**DECLARATION**

I certify that the information supplied in connection with this application is true and correct and if offered employment any material changes to the information supplied will be declared. I am aware that this application will not be processed unless photocopies of all certificates and documents are enclosed.

Signed:.....Date:.....

**SEND THE COMPLETED APPLICATION FORM TO:**  
**The Personnel Department**  
**Rockley Watersports**  
**Enefco House, Strand Street, Poole, Dorset BH15 1HJ**  
**Tel 01202 677272 Fax 01202 338490**  
**Email: [personnel@rockleywatersports.com](mailto:personnel@rockleywatersports.com)**