



**WATERPARK R.F.C.**  
Ballinakill, Waterford.

## **Application Form for Coaches, Managers, Volunteers and Employees.**

This Application Form is to be completed by those who wish to apply for a position as a Coach, Manager, Volunteer or Employee and in particular those who have substantial access to children and persons with special needs ie. those who coach, manage and supervise this group. It is also to be filled out by those who supervise or manage those who have substantial access to children and persons with special needs.

All information received in this form will be treated confidentially.

**Name:** \_\_\_\_\_

**Maiden Name:** \_\_\_\_\_  
(If applicable)

**Address:** \_\_\_\_\_

**Previous Address:** \_\_\_\_\_  
(Over the past 5 years)

**How long have you lived at this address?** \_\_\_\_\_

**D.O.B.:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Previous coaching, voluntary work & experience & relevant qualifications:** \_\_\_\_\_

\_\_\_\_\_  
(Please supply a copy of any relevant Coaching Certificates, Child Protection and Welfare Courses and First Aid Courses)

**Have you ever been asked to leave any organization working with children, young people or people with special needs in the past?** Yes \_\_\_\_\_ No \_\_\_\_\_  
(If you have answered yes we will contact you in confidence)

**Is there any reason why you may be considered unsuitable to work with children?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Any other relevant information?** \_\_\_\_\_

Please supply the names of two responsible people whom we can contact and who from personal knowledge are willing to endorse your application. If you have had previous involvement in a sports club one of these names should be that of an administrator or leader in your last club or place of involvement.

**Referee Name:** \_\_\_\_\_ **Tel No.:** \_\_\_\_\_ **Convenient time to contact them:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Referee Name:** \_\_\_\_\_ **Tel No.:** \_\_\_\_\_ **Convenient time to contact them:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Please note that all Coaches, Managers and Volunteers of Age Grade Rugby will be Garda Vetted and will need to sign the IRFU Declaration of Intent.

**For Official Use Only:**

**Date Application Received:** \_\_\_\_\_ **Date of Interview:** \_\_\_\_\_

**Interviewed by:** 1. \_\_\_\_\_ 2. \_\_\_\_\_

**References received and are satisfactory:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Qualifications checked:** Yes \_\_\_\_\_ No \_\_\_\_\_

**IRFU Garda Vetting Application Form completed:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Proof of applicant's identification received:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Type of Identification:** Passport \_\_\_\_\_ Driver's Licence \_\_\_\_\_ Other \_\_\_\_\_

**Recommendation:** Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

**Reasons:** \_\_\_\_\_

\_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_