



VOLLEYBALL ENGLAND
DELIVERY LEAD APPLICATION FORM 2026

Position applying for	
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Full Name	
Address & Postcode	
Telephone	
Mobile Phone	
Email Address	

ELIGIBILITY CRITERIA

To be considered for a Delivery Lead role with Volleyball England, you must:

1. Be a current member of the organisation as defined by Article 9.1 in the Articles of Association.
2. Complete this application form and return by Wednesday 6th May 2026.

Volleyball England Membership /VEU Number	Or	Affiliated Club VE number of your club

1. **Employment and volunteer roles and experiences** *(Please give details of your most recent employment and any relevant volunteer roles and experiences)*

Employer	Position & Responsibilities	From	To

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2. Please state why you wish to act as one of the Leads for Volleyball England, and how you feel you will align to the priorities and ambitions of GamePlan

3. Relevant Skills, Knowledge and Experience *(Please refer to the Role Description provided and describe how your knowledge and expertise meet the requirements of the role, specifically covering your skills and experience relevant to it).*

4. Are you a member of any professional bodies, institutes or societies?

5. Have you ever been disqualified as a Director or Trustee of any other organisation?

Yes No

If yes, please provide details:

6. Biography – please submit a short biography here. This will be used to publicise verified nominations in AGM correspondence (max 200 words).

DECLARATION

I declare that the information I have given in support of my application is, to the best of my knowledge and belief, true and accurate. I understand that if it is found that my statement is false or misleading, or that I withheld relevant information, my application may be disqualified or, if I am already in post, I may be removed from the role.

I have completed the Diversity and Inclusion Questionnaire, by [clicking here](#).

I give my consent to Volleyball England to store and process the information I have given in accordance with the Data Protection Act 1998.

Signed:

Date:

Please return the completed form to governance@volleyballengland.org