**2023 Volleyball England**

**DELIVERY LEAD APPLICATION FORM**

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| **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 Monday 19th June 2023.

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| **Volleyball England Membership /VEU Number** | Or | **Affiliated Club number of your club** |
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1. **Employment** *(Please give details of your most recent employment)*

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| --- | --- | --- | --- |
| Employer | Position & Responsibilities | From | To |
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1. **Please state why you wish to act as one of the Leads for Volleyball England, and what you feel you could bring to the role:**

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1. **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).*

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

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

[ ]  Yes [ ]  No

*If yes, please provide details:*

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

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**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 Board.

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