Inclusive Activity Programme tutor application form

Please complete this application form to apply to be an Inclusive Activity Programme (IAP) tutor. For ease of application, we are happy to receive applications in different formats e.g. video.

Personal information

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| **Full name:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Contact number:** |  |
| **Full Driving Licence:**  Yes  No |  |
| **Do you have any endorsements on your driving licence?**  If yes, please give details  Yes  No |  |
| **If you do not have a driving licence, are you happy to travel to workshops using public transport?**  Yes  No |  |
| **Do you have any unspent convictions?**  Yes  No |  |
| Note: please tick “yes” if you have any convictions that are not yet spent under the Rehabilitation of Offenders Act 1974. The term “convictions” is used to refer to any sentence or disposal issued by a court.  If all your convictions are spent, you can indicate “No”  If you are not sure if your convictions are unspent or spent, you can use a toll available at [www.disclosurecalculator.org.uk](http://www.disclosurecalculator.org.uk) |  |
| We are committed to the employment and career development of disabled people. As part of this commitment, all disabled applicants covered by the Equality Act 2010 who meet the essential criteria of the person specification for this position (Please refer to Job Description) will be guaranteed an interview. |  |
| **If you wish to apply under this scheme, please indicate**  Yes  No  If you are disabled, whether you are applying under the scheme or not, we will ask you to let us know if you need any specific arrangements / adjustments at each stage of the selection process. |  |

Qualifications

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| **Do you hold a recognised teaching or tutoring qualification?**  If yes, please provide details? |
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| If no, in no more than 300 words, please provide relevant experience in teaching and learning with adults or young people? |
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| **Do you hold:**  An up-to-date safeguarding certificate to work with adults and children?  Yes  No  A DBS check from the last 3 years?  Yes  No  Are you registered with the DBS update service?  Yes  No  Public liability insurance?  Yes  No |
| **Do you have any other qualifications that may be relevant to the role?**  If so, please state: |
|  |

Experience - please answer the following questions in no more than 300 words

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| **What experience do you have of delivering physical activity to disabled people and / or people with long term health conditions?** (300 word limit) |
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| **What experience do you have of tailoring your delivery based on learner needs, can you provide an example?** (300 word limit) |
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| **What is your understanding of active learning and how would you apply it to your delivery?** (300 word limit) |
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| **How would you ensure learners leave the Inclusive Activity Programme workshop feeling like they have had a positive experience?** (300 word limit) |
|  |
| **Please tell us about any other relevant skills or experience that could support you to be an effective IAP tutor.** (300 word limit) |
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| **Please provide the details of your most recent teaching, tutoring or facilitation delivery? Including:**   * **When it was** * **Who it was for** * **What content you delivered** |
|  |

Workshop logistics

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| **As a round trip, how far would you be willing to travel to deliver an IAP workshop?** |
| A) 30-50 miles |
| B) 50-80 miles |
| C) 80 miles-100 miles |
| D) 100+ miles |

**When would you be available to deliver IAP workshops (please tick all that apply)?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

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| --- |
| **Do you have access to your own practical equipment that you would be willing to use for delivery?** For example, different sized balls, bats/rackets and cones.  Yes  No |

Declaration

I declare that the information given in this form is complete and accurate. I understand that any false information may result in me being unable to tutor for Activity Alliance.

In accordance with the Data Protection Act 2018, information collected during this application process will be solely used for the purposes of recruitment for this role and will be removed from our systems in accordance with our organisational policies. I confirm that by signing this declaration I am happy for my data to be used by Activity Alliance for this purpose.

Please refer to our privacy notice at [www.activityalliance.org.uk/privacy](http://www.activityalliance.org.uk/privacy) for more details.

Signature

Please sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_