

## Gloucestershire Football Association Limited

### Application Form – Discipline Commission Independent Panel Member

Please read the role profile and guidance document before completing your application and returning it to [Chris.Lucker@GloucestershireFA.com](mailto:Chris.Lucker@GloucestershireFA.com) by 14th March 2018.

#### Personal Details

<b>Full Name</b>	
<b>Address incl. postcode</b>	
<b>Email Address</b>	
<b>Mobile Number</b>	
<b>Club/Organisation/Role</b>	

#### Applicant Experience/History

**What is your understanding of the role of an appointed discipline commission member?**

--

**Please tell us about any experience(s) (professional and/or personal) that you think make you suitable to become an Independent Discipline Commission Panel member**

--

**Criminal Records Check:** As this role involves direct access to young persons under the age of eighteen within the context of the job or any subsequently related activities or responsibilities, the successful candidate will undergo a thorough screening process which will include a DBS Enhanced Criminal Records Check to ensure their suitability for the role.

Successful candidates will also be required to hold an in-date FA Safeguarding Children qualification. Training will be provided.

## Equal Opportunities Monitoring – Discipline Commission Members

Gloucestershire Football Association is committed to equal opportunities, irrespective of race, colour, religion, nationality, ethnic origin, sex, disability or marital status.

In order to monitor our Equal Opportunities Policy, we would be grateful if you would please complete the questionnaire below. This questionnaire will be detached from your application form on receipt and will not be made available to the recruitment panel.

### Age

Under 18  18 – 30  31 – 40  41 – 50  51 – 60  61 – 65  Over 65

### Gender

Male  Female  Trans man  Trans woman  Prefer not to say

### Religious Belief

How would you describe the religion to which you feel you belong?

Christian	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Mormonism	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	Atheism	<input type="checkbox"/>	No Religion / Faith	<input type="checkbox"/>
Jehovah's Witnesses	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>		
Other <input type="checkbox"/> (please specify)	_____				

### Sexual Orientation

Which of the following options best describe how you think of yourself?

Heterosexual / Straight	<input type="checkbox"/>	Gay Man	<input type="checkbox"/>	Gay Woman / Lesbian	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>		
Other <input type="checkbox"/> (please specify)	_____				

### Disability

Under the Equality Act 2010, disability is defined as a physical or mental impairment that has a substantial and long term adverse effect on the ability to carry out normal day to day activities. Substantial means more than minor or trivial. Impairment covers, for example, long term medical conditions such as asthma and diabetes, and fluctuating or progressive conditions such as rheumatoid arthritis or motor neurone diseases. A mental impairment includes mental health conditions (such as bipolar disorder or depression), learning difficulties (such as dyslexia) and learning disabilities (such as autism and Down's syndrome). Some people including those with cancer, multiple sclerosis and HIV/AIDS are automatically protected as disabled people by the Act.

Visual impairment, Hearing impairment, Speech and Language impairment, physical disability, cognitive impairment, Learning disability.

Do you consider that you meet this definition?\*

Yes  No  Prefer not to say

Continued overleaf.....

\*If you have indicated yes to the previous question, please indicate the impairment(s) that you feel applies to you:

- |   |                          |                       |                          |                     |                          |
|---|--------------------------|-----------------------|--------------------------|---------------------|--------------------------|
| Visual impairment                               | <input type="checkbox"/> | Hearing impairment    | <input type="checkbox"/> | Physical disability | <input type="checkbox"/> |
| Learning disability                             | <input type="checkbox"/> | Learning difficulties | <input type="checkbox"/> | Language impairment | <input type="checkbox"/> |
| Cognitive impairment                            | <input type="checkbox"/> | Prefer not to say     | <input type="checkbox"/> |                     |                          |
| Other <input type="checkbox"/> (please specify) |                          |                       |                          |                     |                          |

**Ethnicity**

**White**

- |   |                          |         |                          |                          |                          |
|---|--------------------------|---------|--------------------------|--------------------------|--------------------------|
| British   | <input type="checkbox"/> | English | <input type="checkbox"/> | Scottish                 | <input type="checkbox"/> |
| Welsh   | <input type="checkbox"/> | Irish   | <input type="checkbox"/> | Gypsy or Irish Traveller | <input type="checkbox"/> |
| Prefer not to say                               | <input type="checkbox"/> |         |                          |                          |                          |
| Other <input type="checkbox"/> (please specify) | _____                    |         |                          |                          |                          |

**Mixed**

- |   |                          |                       |                          |               |                          |
|---|--------------------------|-----------------------|--------------------------|---------------|--------------------------|
| White & Black Caribbean                         | <input type="checkbox"/> | White & Black African | <input type="checkbox"/> | White & Asian | <input type="checkbox"/> |
| Mixed other background                          | <input type="checkbox"/> | Prefer not to say     | <input type="checkbox"/> |               |                          |
| Other <input type="checkbox"/> (please specify) | _____                    |                       |                          |               |                          |

**Asian**

- |   |                          |                     |                          |                   |                          |
|---|--------------------------|---------------------|--------------------------|-------------------|--------------------------|
| British-Indian                                  | <input type="checkbox"/> | Indian              | <input type="checkbox"/> | British-Pakistani | <input type="checkbox"/> |
| Pakistani                                       | <input type="checkbox"/> | British-Bangladeshi | <input type="checkbox"/> | Bangladeshi       | <input type="checkbox"/> |
| British-Chinese                                 | <input type="checkbox"/> | Chinese             | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| Other <input type="checkbox"/> (please specify) | _____                    |                     |                          |                   |                          |

**Black**

- |   |                          |           |                          |                   |                          |
|---|--------------------------|-----------|--------------------------|-------------------|--------------------------|
| Black Caribbean                                 | <input type="checkbox"/> | Caribbean | <input type="checkbox"/> | British African   | <input type="checkbox"/> |
| African   | <input type="checkbox"/> | British   | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| Other <input type="checkbox"/> (please specify) | _____                    |           |                          |                   |                          |

**Other Ethnic Group**

- Arab
- Any other ethnic group, please describe \_\_\_\_\_