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TEAM ENGLAND

**OFFICIAL SEA ANGLING TEAM MANAGER/ASSISTANT – APPLICATION FORM**

**This application is for consideration as a manager of an Official  
England National Sea Angling Team.**

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| Name: | Address:    Postcode:  Telephone No:  E-mail Address: |
| Date of Birth: |
| Member of which Angling Trust affiliated Club(s): |
| Angling Trust Individual  Membership Number: |
| **Team for which you wish to be considered Manager/Assistant Manager (please circle which position):**  Shore Events:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Home – | Seniors | Ladies | Youth - U23 | Junior - U16 |  | | World – | Seniors | Ladies | Junior - U21 | Youth - U16 | Masters | |  | Pairs | Casting |  |  |  |   Boat Events:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Home – | Senior Boat | Youth Boat |  |  |  | | World – | Senior Boat | Youth Boat | Big Game |  |  | | |

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| --- | --- | --- | --- | --- |
| 1. Do you possess an Angling Coaching Qualification? | Yes/No | | 1. Do you possess any other Coaching Qualifications? |  |
| 1. Please provide details of any coaching experience: |  | | | |
| 1. Have you been subject   to a DBS check  **(Applicable if applying for Junior and Youth Teams only)** | Yes/No | | 1. Have you attended a Child Protection Course? (Junior and Youth teams only) | **Dates:** |
| 1. Have you ever managed an Angling team? | Yes/No | | 1. If yes, please provide details: |  |
| 1. Have you acted as a mentor for other anglers? | Yes/No | | 1. If yes, please provide details: |  |
| 1. Please provide details of any other management or organisational experience and qualifications: |  | | | |
| 1. Have you fished at international level? | Yes/No | 1. If yes please provide details: | |  |
| 1. Have you competed at the particular venue(s); if so, please give details: |  | | | |
| 1. Within this space provided, state why you should be selected: | | | | |

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| References – please provide the names of two references which we may contact regarding your application: |
| Name:  Relationship to you:  Contact Number:  Email: |
| Name:  Relationship to you:  Contact Number:  Email: |

**Notes:** This application will be photocopied and distributed to all England Selectors; therefore, please ensure that you complete the application as legibly as possible.

1. Any falsification of information supplied in this application will not be viewed favourably by the Selectors and may lead to the applicant being disqualified.
2. You, your nominated referee, or any match organisers may be contacted by any Selector to clarify information provided.
3. Applicants must be prepared to meet all their costs, albeit that some sponsorship may be available from the Sport England and/or other sources.
4. In the event of successful applicants obtaining their own sponsorship, the Chairman of the National Team & Competition Group must be informed immediately.

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| We will be requiring you to submit a self-disclosure form and undergo and enhanced DBS check for this role. Please indicate if you are happy to do this. | Yes / No |
| Have you, or are you prepared to purchase the official clothing/uniform and will you wear it when required? | Yes / No |
| Sports persons are occasionally subjected to testing for prohibited drugs/ banned substances, are you content to undergo such test? | Yes / No |
| I confirm the information within this application is correct and if selected I agree to abide by the Code of Conduct published by the Angling Trust. | Yes / No |

Signature: …………………………………………….…. Date: ………………………………….

Return completed forms to: **Kelly Latimer, Angling Trust, The Old Police Station, Wharncliffe Road, Ilkeston, Derbyshire DE7 5GF or email:** [**kelly.latimer@anglingtrust.net**](mailto:kelly.latimer@anglingtrust.net)