



## VOLLEYBALL ENGLAND DELIVERY LEAD APPLICATION FORM 2024

<b>Position applying for</b>	
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<b>Full Name</b>	
<b>Address &amp; Postcode</b>	
<b>Telephone</b>	
<b>Mobile Phone</b>	
<b>Email Address</b>	

### 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 6<sup>th</sup> May 2024.

<b>Volleyball England Membership /VEU Number</b>	Or	<b>Affiliated Club number of your club</b>

### 1. Employment *(Please give details of your most recent employment)*

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 what you feel you could bring to the role:**

**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](mailto:governance@volleyballengland.org)