Chesterfield Football Club – Academy Physiotherapist Application Form

## Personal Information

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Professional Qualifications

1. Do you hold a BSc in Physiotherapy or Sports Therapy?
☐ Yes  ☐ No
If yes, please specify:

2. Are you currently registered with the HCPC?
☐ Yes  ☐ No
Registration Number:

3. Are you a member of the following?
- Chartered Society of Physiotherapy ☐ Yes ☐ No
- Society of Sports Therapists ☐ Yes ☐ No

4. Do you hold any of the following FA qualifications?
- FA Level 3 Intermediate First Aid in Football ☐ Yes ☐ No
- FA Level 4 (IFAiF) ☐ Yes ☐ No
- FA ATMMiF Level 5 ☐ Yes ☐ No

## Experience and Skills

1. Please describe your experience treating musculoskeletal and sports-related injuries:

2. Describe your approach to injury assessment and rehabilitation planning:

3. Do you have experience working with children or young athletes?
☐ Yes  ☐ No
If yes, please provide details:

4. Do you hold a current FA Safeguarding Children Workshop certificate?
☐ Yes  ☐ No

5. Have you undergone an FA DBS (CRB) check?
☐ Yes  ☐ No
If yes, please provide the certificate number and date:

## Availability

Are you available to work during training sessions and match days (home and away)?
☐ Yes  ☐ No

Preferred Start Date:

## Supporting Statement

Please explain why you are applying for this role and how your experience aligns with the job description:

## References

Please provide contact details for two professional references:

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_