

**QUESTIONNERE FOR CANDIDATES FOR THE POSITION OF
HEAD COACH OF POLISH NATIONAL RUGBY 7 TEAM**

1. Name and surname: Age:

2. Coaching qualifications and certificates:

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3. Work experience (in coaching):

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4. Greatest achievements:

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5. Education (school, university):

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Date of graduation:

6. Other skills helpful in a work as coach of national team (documented):

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7. Knowledge of languages (please indicate language and proficiency level):

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8. Proposals to the coaching team (name and role):

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9. Financial expectations (gross salary):

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10. Mailing address:

Phone no.: +__ __ __ __

E-mail address:

I hereby confirm that:

- I read the content of competition announcement and I do not raise any objections as to its content, I do fully accept it and undertake to comply with it;
- I have full capacity to act in law and I enjoy full public rights, and that the data indicated above are in accordance with the facts;
- I have no criminal record;
- There are no contraindications, including also health ones, to take up the position of head coach of the Polish National Rugby 7 Team;
- I undertake to continue raising my professional qualifications;
- I undertake to participate in main actions of the Polish Rugby Union, also in those related to the trainings of youth and coaches;
- I declare that I have read the detailed information on how the Polish Rugby Union processes my personal data in the recruitment process and what are my rights related to this, which is available at the following address: _____.

Place and date

Signature

Furthermore:

I express my voluntary consent to the processing of my personal data included in this questionnaire by the Polish Rugby Union as the Administrator, in order to apply for the position of head coach of the Polish National Rugby 7 Team.

Place and date

Signature

I am aware that in order to participate in this recruitment process, it is not necessary to provide the Administrator with data other than those covered by the questionnaire, i.e. in particular the so-called "sensitive" data. I am aware that if I provide this type of data in the content of this questionnaire, by signing my signature below, I will expressly consent to the processing also of this type of data by the Administrator.

Place and date

Signature