

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

1. Surname and name:

Age:

2. Coaching qualifications:

3. Work experience (in coaching):

4. Greatest achievements:

Education (school, university):

Date of graduation:

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

6. Knowledge of foreign languages (please indicate proficiency level):

7. Proposals as to the coaching team:

8. Financial expectations (gross salary):

9. Mailing address:

Phone no.:

E-mail address:

10. I 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 clean criminal record;
- There are no any contraindications, including also health ones, to take up the position of head coach of the Polish Rugby Union;
- 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

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 a rugby coach.

Place

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

Date

Signature