

SP2 - SELF DISCLOSURE FORM *page 1*

This form should be completed for all roles involving contact with young people in volleyball.

NOTE: If the role you are in, or have applied for, involves frequent or regular contact with or responsibility for young people, you will also be required to provide a valid DBS (Disclosure & Barring Service) Certificate which will provide details of criminal convictions. This may also include a Barring List check depending on the nature of the role (see DBS Policy eligibility). This form may be adapted to include individuals working with vulnerable adults.

Private and Confidential - All information will be treated as confidential and managed in accordance with relevant data protection legislation and guidance. You have a right of access to information held on you under the Data Protection Act 1998.

Part 1 - Personal Details

First Name:		Surname:	
Any other first name, surname or maiden name known by:			
Date of Birth:		Gender	Male/Female
Address:			
		Postcode:	
Email Address:			
Daytime phone number:		Evening phone number:	

Part 2 - Identification (tick box below): For Completion by the Organisation

I confirm that I have seen identification documents relating to this person, and I confirm to the best of my ability that these are accurate.		
Either:		
UK Passport Number and Issuing Office		
UK Driving Licence Number (With Picture)		
Plus:		
National Insurance Card or Current Work Permit Number		
Signature of authorised officer:		Date:
Print Name:		

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Part 3 - Declaration For Completion by the Individual (Named in Part 1)

Have you ever been known to any Children's Services Department or The Police as being a risk or potential risk to children?

Yes / No

If Yes, provide information below

Have you been the subject of any disciplinary investigation and/or sanction by any organisation due to concerns about your behaviour towards children?

Yes / No

If yes, provide information below

Confirmation of Declaration (tick box below)

I agree that the information provided here may be processed in connection with recruitment purposes and I understand that an offer of employment may be withdrawn, or disciplinary action may be taken, if information is not disclosed by me and subsequently comes to the organisation's attention.

In accordance with the organisation's procedures, if required I agree to provide a valid DBS certificate and consent to the organisation clarifying any information provided on the disclosure with the agencies providing it.

I agree to inform the organisation within 24 hours if I am subsequently investigated by any agency or organisation in relation to concerns about my behaviour towards children or young people.

I understand that the information contained on this form, the results of the DBS check and information supplied by third parties may be supplied by the organisation to other persons or organisations in circumstances where this is considered necessary to safeguard children.

Signed:

Date:

Print Name: