

# **SQUASH WALES**Personal Disclosure and DBS/CRB Checklist Form

# **Document Control**

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Version	Date	Description of Change	Changed by
V8	11/7/2018	Unknown	

# **Action Required**

Version	Date	Description of Change	Requested by

# **Board Agreement**

Version	Date Agreed	Comments

### **Next review date**

Version	Next Review Date
V9	07/2020

### PERSONAL DISCLOSURE AND DBS/CRB CHECKLIST FORM

(To be completed by all Coaches, Officials, Staff & Volunteers)



You have a right of access to information held on you and other rights under the Data Protection Act 1998

PART A						
Title	First Name	Last Nai	me	Any names by which you may have been known previously		
Address /						
Post Code		1			The total	
Date of Birth			Sex Male / Female*		Membership No.	
*Please delete	as appropriate					
Coach Level	(if applicable)					
Referee Leve	el (if applicable)					
Position held applicable)	l within Squash Wa	les (if				
Current Club	(s)		Position		Start Date	
CONFIDMATIC	ON OF IDENTITY (-			eneted Olich official)		
	·	_		nated Club official)		
				nts e.g. passport, driving lice		:
				No:		
				No:		
Signature of c	lub secretary or oth	ier designate	d officer			
Print Name						
Date						
Club Details/P	osition					
PART B - SEL	F DECLARATION					
Have you ever	been convicted of	or cautioned	for any Criminal	offences including driving	offences (see Note below)?	YES/NO*
If YES, please	supply details. (Ple	ase use a se	parate sheet if n	ecessary)		

NOTE: You are advised under the provisions of the Rehabilitation of Offenders Act 1974 (exceptions) Order 1975 as amended by the Rehabilitations of Offenders Act 1974 (exceptions amendment) Order 1986 that you should declare ALL convictions including spent convictions.

Are you a person known to any social services department as being an actual or potential risk to children or vulnerable adults? YES/NO\*

If YES please supply details (Please use a separate sheet if necessary)

Have you had a Squash Wales (or any other) disciplinary sanction relating to the abuse of children or vulnerable adults? YES/NO*
If YES, please supply details. (Please use a separate sheet if necessary)
Have you had a Squash Wales (or any other) disciplinary sanction relating to any matter?  YES/NO*
If YES, please supply details. (Please use a separate sheet if necessary)
*Delete as appropriate
IMPORTANT I hereby consent to Squash Wales undertaking police and/or social services checks against me.
I undertake to inform Squash Wales immediately upon arrest and/or being charged with/cautioned for any criminal offence.
I understand that the information contained on this form, the results of police and social services checks and information supplied by third parties may be notified to my club/organisation and may be supplied by Squash Wales to other persons or organisations that have an interest in safeguarding and protecting children and/or vulnerable adults.
Signed by the above named individual
Date
ENHANCED DBS/CRB CHECKLIST
Date of your enhanced DBS/CRB disclosure obtained via Squash Wales
The Squash Wales Safeguarding & Protecting Children Policy states that all Coaches must have an enhanced DBS/CRB disclosure which was obtained via an application made directly through Squash Wales and which should be updated every 3 years. <b>PLEASE NOTE</b> that if you have an enhanced DBS/CRB disclosure that was issued by another organisation this does <b>NOT</b> meet the Squash Wales criteria in the Safeguarding & Protecting Children Policy and Procedures.
If you do not have an enhanced DBS/CRB disclosure, or you have one that was not issued as a result of an application made directly through Squash Wales, we will send you an application form with full details of how to complete and return it.
If you have any queries or require any further information please contact the Squash Wales office.
PART C - PERSONAL DISCLOSURE DISCLAIMER  To be completed only by Referees who are involved with Senior League Match refereeing duties only.
I undertake not to have ANY involvement with Junior activities within Squash Wales.
Signed
Print Name
Date
When completed this form should be returned to: the Safeguarding & Protecting Children Lead Officer, Squash Wales, Sport Wales National Centre, Sophia Gardens, Cardiff, CF11 9SW