

**PRIVATE AND  
CONFIDENTIAL**

\_\_\_\_\_ **CLUB**

**SELF DECLARATION FORM**

**Please read this form in full before completing**

**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:	Surname:
Address:		
Postcode (must be completed):		
Telephone number(s): Day: _____ Evening: _____ Mobile: _____		
E-mail address:		
Any previous names by which you may have been known, including maiden name(s):		

**DATE OF BIRTH**

D	D	M	M	Y	Y

**SEX (please tick)**

M		F	
---	--	---	--

Have you commenced your position with this Club? Please tick YES  NO

**Current Clubs (include subject Club first)**

Club Name	Position	Start Date
	Coach <input type="checkbox"/> Team manager <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/> *	
	Coach <input type="checkbox"/> Team manager <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/> *	
	Coach <input type="checkbox"/> Team manager <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/> *	

\*Please tick as appropriate

**Previous Sports Clubs (ESSENTIAL – PLEASE COMPLETE FULLY)**

Club	Start Date	Finishing Date

**Continued...**

**SELF DECLARATION FORM****Page 2****Note:** Referees should not be related to applicant**Details of Referee 1**

Name:			
Relationship to Applicant:			
Organisation:			
Address:			
Telephone No's:	Day:	Evening:	Mobile:
Email address:			

**Details of Referee 2**

Name:			
Relationship to Applicant:			
Organisation:			
Address:			
Telephone No's:	Day:	Evening:	Mobile:
Email address:			

Signature of Club Child Protection Officer, club secretary or other designated officer:

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

**Continued...**

**SELF DECLARATION FORM****Page 3****Part B**

Self-Declaration Form (for completion by the individual named in Part A)

\_\_\_\_\_ (insert name of club) is committed to the welfare and protection of children and has a duty to ensure the suitability of any individual who works with children. To fulfil this duty we would ask that you complete the following information having read the following notes.

I hereby declare and represent that, save as disclosed below, I have not at any time either in the United Kingdom or abroad, been found guilty or been convicted by a court of any offence concerning children under the age of sixteen years (eighteen years in the rest of the United Kingdom), nor bound over, placed on probation or a deferred sentence, or discharged either conditionally or absolutely in relation to such offences.

I also declare that I am not, to my knowledge, or have been, subject of an investigation in relation to such offences save as disclosed below.

NOTE: You are advised under the provisions of the Rehabilitation of Offenders Act 1974 (exceptions) order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions Amendment) Order 1986 you should declare all convictions including 'spent' convictions.

**Please note that whilst not all convictions will debar you from working with children / vulnerable adults, you must declare any offences or investigations as shown below.**

If YES, please supply details of any criminal convictions including cautions, deferred sentences, absolute discharges, bind over, probation orders and investigations:

**PREVIOUS OFFENCES**

Date	Offence	Penalty / Disposal

**PREVIOUS POLICE INVESTIGATIONS**

Date	Offence	Penalty / Disposal

**Continued...**

# SELF DECLARATION FORM

## Page 4

Are you a person known to any Social Work Department / Social Services Department as being an actual or potential risk to children?

**Please tick** YES  NO

If YES, please supply details:

Have you had a disciplinary sanction (from a sports or other organisations governing body) relating to inappropriate behaviour with children / child abuse?

**Please tick** YES  NO

If YES, please supply details:

### IMPORTANT

I hereby give my consent to the \_\_\_\_\_ (name of club) to carry out a police check through Scottish Swimming / Disclosure Scotland and to take up references for the purpose of verifying the replies given in this declaration, including enquiries of any relevant authority. I also understand that failure to disclose in full matters as required in this declaration will result in immediate suspension of my work with children in the Club and the likelihood of the termination of my services.

Signed by the applicant in Part A: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

**This form should be returned marked Private and Confidential DIRECT to:**

Name: Ashley Howard, Chief Executive

Address: Scottish Swimming  
National Swimming Academy  
University of Stirling  
STIRLING  
FK9 4LA

Telephone: (01786) 466520