

**Section I**

**VOLUNTEER / COACH APPLICATION FORM**

All information received in this form will be treated confidentially

Name:	Maiden Name (if applicable):	Telephone No:	Mobile:
D.O.B:			
Current Address:			

**Are you** (Please tick):

- Employed       Unemployed       Student   
 Homemaker       Retired       Other

**Previous work/voluntary experience & relevant qualifications:**

**Have you previously been involved in voluntary work?**      YES  / NO

If yes, give details:

**Do you agree to abide by the Leaders Code of Conduct?**      Yes [  ]      No [  ]

Any other relevant information? \_\_\_\_\_

---

Please supply the names of two responsible people (not relatives) whom we can contact and who from personal knowledge are willing to endorse your application. If you have had a previous involvement in a sports club one of these names should be that of an administrator / leader in your last club / place of involvement.

Name:		Name:	
Address:		Address:	
Tel:	Position:	Tel:	Position:

## Section 2

### DISCLOSURE OF CRIMINAL CONVICTIONS FOR ELIGIBLE POSITIONS

#### Statement of non-discrimination

This club is affiliated to Name Governing Body and is committed to equal opportunity for all applicants including those with criminal convictions. Information about criminal convictions is requested to assist the selection process and will be taken into account only when the conviction is considered relevant to the post. Any disclosure will be seen in the context of the job criteria, the nature of the offence and the responsibility for the care of existing members, volunteers and employees. This organisation will adhere to NVB and Access NI guidance on the recruitment of ex-offenders. For the purpose of your application for the post of:

---

We require all coaches/volunteers in positions of responsibility for managing the safety and development of young people to consent to a NVB or Access NI disclosure process and sign the declaration and return in marked confidential to *(Name Governing Body Designated Liaison Person (DLP) to clarify who to return this form to in your sport)*

Should you require further information, please contact Name Governing Body DLP

This organisation will adhere to NVB or Access NI's Code of Practice

Name of Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Club: \_\_\_\_\_

Please read this information carefully

The purpose of the check is to make sure that people are not appointed who might be a risk to children or vulnerable adults.

The check will tell us whether you have a criminal record, caution, or whether any other information about you held on barred lists may have a bearing on your suitability. Any information which we receive will be treated confidentially, and will be discussed with you before we make a final decision. After that decision is made the information returned from Access NI will be destroyed.

#### Advice to Applicants

**Northern Ireland applicants:** You have applied for a role which falls within the definition of an "excepted" position as provided by the Rehabilitation of Offenders (Exceptions) Order (NI) 1979: therefore ALL convictions including SPENT convictions that are not protected by the 2014 amendments MUST be disclosed. The disclosure of a criminal history information will not debar you from participating as a volunteer unless the Name Governing Body case management group considers that the information renders you unsuitable for the role applied for. In making this decision the Name Governing Body case management group will consider the nature of the offence/caution, how long ago it was committed and what age you were at the time and other factors which may be relevant. This information will be verified through an appropriate Access NI Enhanced Disclosure check. If you are currently facing prosecution for a criminal offence you should also bring this to our attention given the "excepted" nature of the role.

Thank you for your co-operation.

Do you have any convictions/caution that are not "protected" as defined by the Rehabilitation of Offenders (Exception) (amendment) Order (Northern Ireland) Order 2014. Been barred by the Disclosure and Barring Service (formally the Independent Safeguarding Authority) which would prevent you from working with children and/or vulnerable adults or the subject of an investigation alleging that you were the perpetrator of adult or child abuse?

Yes

No

If so, please state below the nature, date(s) and sentence of the offence(s), date prevented from working in this area or allegations

---

---

Please provide any other information you feel may be of relevance such as:

- The circumstances of the offence/cautions/incident
- A comment on the sentence received
- Any relevant developments in your situation since then
- Whether or not you feel the conviction has relevance to this post

---

*Please continue on a separate page if necessary.*

(If you require further information on what information to disclose please contact NIACRO Helpline Tel: 028 90 320157)

#### Declaration

I understand that I must also complete a NVB or Access NI Disclosure Certificate Application Form and that this check must be carried out before my application for registration/appointment can be confirmed. This has been explained to me and I am aware that spent convictions/cautions may be disclosed. I declare that the information I have given is accurate.

Have you ever been known to any Social Service department as being a risk or potential risk to children?

Yes  (if yes, please provide further information below): No

---

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

Yes  (if yes, please provide further information) No

#### Confirmation of Declaration (tick box below)

<input type="checkbox"/>	I agree that the information provided here may be processed in connection with my volunteer/paid role and I understand that any role may be withdrawn or dismissal may result if information is not disclosed by me and subsequently come to the organisation's attention.
<input type="checkbox"/>	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.
<input type="checkbox"/>	I understand that the information contained on this form and information supplied by third parties may be supplied by the Name of Governing Body to other persons or organisations in circumstances where this is considered necessary to safeguard other children.

I declare that any answers are complete and correct to the best of my knowledge and I will inform the ORGANISATION of any future convictions or charges.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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