

VOLUNTEER APPLICATION FORM FOR THOSE IN REGULATED POSITIONS

Section 1

All information received in this form will be treated confidentially

Name:			
Address:			
Date of Birth		National Insurance No	
Telephone No.		Mobile No	
Previous work experience & relevant qualifications			
Have you previously been involved in voluntary work? If yes, please give details:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any spare time hobbies, interests or specific skills that may be useful to the activities?			
Do you agree to abide by NAME OF SPORT Code of Conduct (copy should be included with this form)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you completed Safeguarding Awareness Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, who was it organised by and when approximately			
Do you agree to undergo specific training on the role of the (position being appointed)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been asked to leave a sporting organisation in the past? <small>(if you have answered yes we will contact you in confidence)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Any other relevant information?			

Please supply the names of two responsible people 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:

Address:

Telephone:

Designation:

Name:

Address:

Telephone:

Designation:

Section 2

DISCLOSURE OF CRIMINAL CONVICTIONS FOR REGULATED POSITIONS IN NORTHERN IRELAND

APPLICANT: _____ ROLE: _____

Please read this information carefully.

Statement of non-discrimination

NAME OF ORGANISATION 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 role. Any disclosure will be seen in the context of the criteria for the role, the nature of the offence and the responsibility for the care of existing clients\volunteers and employees.

Advice to Applicants

You have applied for a role which is a Regulated Activity Position as defined by the Safeguarding Vulnerable Groups (NI) Order 2007 and also 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 MUST be disclosed. The disclosure of a criminal record or other information will not debar you from registration/appointment unless NAME OF ORGANISATION considers that the conviction renders you unsuitable. In making this decision the NAME OF ORGANISATION will consider the nature of the offence, 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 have received a formal caution or are currently facing prosecution for a criminal offence you should also bring this to our attention given the "excepted" nature of the role.

Please complete this form as accurately as possible and place in the "Confidential" envelope provided and return with your application form to the person responsible in your club. An arrangement will be made with you to discuss any clarification if required.

Thank you for your co-operation.

Have you ever been convicted of a criminal offence or been the subject of a caution; 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)

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

- the circumstances of the offence/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 declare that any answers are complete and correct to the best of my knowledge and I will inform the **Governing Body Designated Safeguarding Children's Officer** (again it is the responsibility of the Governing Body to decide the position of the person who this information is reported to) **of any future convictions or charges relevant to my role. I give my consent for an AccessNI Enhanced check to take place and for this information to be shared as part of (Name of Governing Bodies) risk assessment process.**

Signature

Date

FOR OFFICIAL USE ONLY:	
Applicant Name:	
Date application received:	
Date of interview:	
Interviewed by:	1. 2.
References received and are satisfactory:	Yes <input type="checkbox"/> No <input type="checkbox"/>
AccessNI check completed & returned (if appropriate):	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:	
Proof of applicants identification received:	Yes <input type="checkbox"/> No <input type="checkbox"/> Group 1 _____ Group 2 _____ _____
Identification type:	
Recommendation (with reasons)	Approve <input type="checkbox"/> Not approved <input type="checkbox"/>

Signature

Print Name

Date

Position in Organisation