Appendix 2

To be completed at the same time as the application form:

Private and Confidential

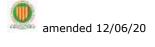
For roles involving contact with children (under 18 year olds).

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 2018.

Part One

For completion by the organisation:				
Name:				
Address and Postcode:				
Telephone/Mobile No:				
Date of Birth:				
Gender:	Male	/	Female	
Identification (tick box below):				
			fication documents relating to best of my ability that these	

Either	
UK Passport Number and Issuing Office	
UK Driving Licence Number (<i>with picture</i>)	
Plus	
National Insurance Card or	
current Work Permit Number	
Signature of authorised	
Employing Officer:	
Print name:	
Date:	



Part Two

NOTE: If the role you have applied for involves frequent or regular contact with or responsibility for children you will also be required to provide a valid DBS (Disclosure and 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 organisational guidance about eligibility for DBS checks).

For c	completion by the individual (named in Part one):				
Have	you ever been known to any Children's Services	YES	/	NO	
department as being a risk or potential risk to children?			/		
		(if Yes,	please	provide	
		further	inform	ation	
		below)	:		
Have	you been the subject of any disciplinary investigation	YES	/	NO	
and/or sanction by any organisation due to concerns about					
	behaviour towards children?	• •	•	provide	
, ,		further	inform	ation)	
		I			
Conf	irmation of Declaration (tick box below)				
]	agree that the information provided here may be proc	essed in	connec	tion with	
recruitment purposes and I understand that an offer of employment may be					
withdrawn or dismissal may result if information is not disclosed by me and					
9	subsequently come to the organisation's attention.				
In accordance with the organisation's procedures if required I agree to provide a					
۱ I	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 other children.

Signature:	
Print name:	
Date:	

County	Secretary	/:	
county	Secretary	/	

I have seen and checked the above responses, if any of the boxes above are ticked YES, I have referred this form to England Golf Governance Department for a risk assessment and advice.

Signed:

date: