



FOUNDED MAY 1991

Gosport Falcons

Football Club

(Affiliated to Hampshire FA)

Website: www.gosportfalcons.co.uk
Email: contact@gosportfalcons.co.uk



Self Declaration Form

You have a right of access to information held on you and other rights under the Data Protection Act 1984.

Part A:

Title	First Name	Surname	Any previous names by which you have been known
Address:			
Postcode:			
Telephone number(s):			
Email address:			

(Postcode MUST be completed)

Date of Birth

D	D	M	M	Y	Y
---	---	---	---	---	---

Sex	M		F	
-----	---	--	---	--

----- Official Use Only -----			
Position applied for:	*Please delete as appropriate	Start Date:	End Date:
Team Manager / Coach / Helper / Other *			
I confirm that I have seen identification documents relating to this person, and I confirm to the best of my ability that these are accurate. Please detail which documents:			
Signature of designated officer: _____			
Print name: _____			
Date: ____ / ____ / 20 ____			

*Please return completed form to the Club Welfare Officer
Please mark the envelope 'Private and Confidential'*



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Part B:

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

1 **Have you ever been convicted of any criminal offences?** YES/NO*

If YES, please supply details of any criminal convictions:

.....
.....

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.

2 **Are you a person known to any social services department as being an actual or potential risk to children?**

YES/NO*

If YES, please supply details:

.....
.....

3 **Have you had a disciplinary sanction (from a sports or other organizations governing body) relating to child abuse?**

YES/NO*

If YES, please supply details:

.....
.....

* *Delete as appropriate*



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4 Please supply the names and addresses of 2 referees who can be contacted regarding your suitability to work with children or vulnerable adults

(These must not be a partner or a relation).

Full Name:	Full Name:
Address:	Address:
Contact No:	Contact No:
Relationship to referee:	Relationship to referee:
How long have you been known to the referee?	How long have you been known to the referee?

Part C:

Declaration:

I understand that it is necessary for me to declare any information requested and that the membership/voluntary position for which I have applied will involve access to Children, Young People and/or Vulnerable Adults.

I understand that this declaration is only valid until the date shown in Part B or when/if replaced by a Criminal Records Bureau (CRB) check.

I understand that the information contained on this form will be dealt with in the strictest of confidence and failure to disclose a true and accurate account will constitute my immediate removal from any position I hold within the Club.

Signed by the above named individual in part A:

Print name:

Date: