

# SELF-DECLARATION FORM

## PART A – PERSONAL DETAILS

First Name:

Surname:

Address:

Mobile Number:

Date of Birth:

## PART B – EMERGENCY CONTACT INFORMATION

### Please provide details of your emergency contact

Name of emergency contact:

Relationship to you:

Phone Number:

Alternative Number:

Do you have any medical conditions or allergies? *If yes please state:*

Do you take any medication? *If yes please state:*

## PART C – SELF DECLARATION

### To be completed by the person named in part A only

1. Have you ever been cautioned or convicted of any criminal offences?

Yes  No  If yes, please provide full details

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 and/or vulnerable adults?

Yes  No  If yes, please provide full details

3. Have you had a disciplinary sanction (from a sports provider or other organisation or governing body)?

Yes  No  If yes, please provide full details

4. Data Protection:

The personal data provided on the British Wheelchair Basketball Self-Declaration Form is solely for the purpose to risk assess individuals whose role will involve contact with children (under 18 years old) and vulnerable adults. All information provided will be stored securely and treated as confidential as outlined in the BWB Member Privacy Notice. Your information will be handled by BWB staff for the sole purpose of administering and completing the above risk assessment. Should a risk be identified BWB will contact you directly to request a completion of a DBS check.

5. Declaration

I declare that to the best of my knowledge and belief all the statements and information given in this form are true and complete, and that I have not withheld any material fact. I understand that any appointment will be made on the basis that the information given on this form is true and correct. I understand that if I have failed to disclose information, or have given incorrect information this may result in an offer of appointment being withdrawn.

Signed (person named in Section A)

Date

Print Full Name

OFFICE USE ONLY
ADV: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Charity number: 1144808

Supported by:



**SAFEGUARDING**