

SELF DISCLOSURE FORM

You have the right of access to any information held on you and additional rights under the Data Protection Act.

PART A			
Title:			
First Name(s):			
Surname:			
Previous names by which you may have been known:			
Address:			
Postcode:			
Mobile 'phone:			
E mail:			
Date of Birth:		Male/Female:	
Club			
Please give details of the positions which you currently or wish to fulfil, or relevant job title:	Futures Tour Volunteer Marker		
Start Date:	14 th April 2019		
Please give details of any other clubs you are or have been a member of and give details of any positions you held			

The position for which you have applied is an exempted occupation for the purpose of the Rehabilitation of Offenders Act 1974. All 'spent' and 'unspent' convictions must be declared. Having an 'unspent' conviction will not necessarily impede your appointment within golf. This will depend on the circumstances and background to your offence. Evaluation of information is based on strict confidentiality and discretion.

PART B		
1. Have you ever been convicted of any criminal offence?	YES	NO
If Yes, please supply details of any criminal convictions		
<i>NOTE: You are advised that 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, cautions, reprimands and written warnings.</i>		
2. Are you a person known to any Social Services department as being an actual or potential risk to children or currently under investigation for a child protection related incident?	YES	NO
If Yes, please supply details		
3. Have you had any disciplinary sanction (from a sports or other organisation's governing body) relating to child abuse or poor practice?	YES	NO
If Yes, please supply details		
<i>I certify that all information in this form is true and correct to the best of my knowledge, and realize that false information or omissions may lead to termination of my services</i>		
Signed:		
Date:		
Print name:		

<i>PART C: To Be Completed by The Welfare Officer or Secretary</i>	
<i>I confirm that I have seen identification documents for the above person, and I confirm to the best of my ability that these are accurate.</i>	
<i>Please provide details of the documents</i>	
Signature of official:	
Position:	
Print name:	
Date:	