

## STAFF/VOLUNTEER REGISTRATION FORM

**This form is to be completed by:**  
 All individuals who assist with the activities of Korfbal

**Completed forms should be handed to:**  
 Club/Association Chair/Secretary: \_\_\_\_\_

**CONFIDENTIAL ONCE COMPLETED**

*You have a right of access to information held on you under the Data Protection Act 1998*

<b>VOLUNTEER DETAILS</b>			
<u>Club/Association Name:</u>			
<u>Surname:</u>	<u>Address:</u>		
<u>First Name:</u>			
<u>Initial:</u>	<u>Postcode:</u> (This MUST be completed)		
<u>Title:</u>	<u>Years at Address:</u>		
<u>(any previous name):</u>	(previous address if less than 3 years):		
<u>Date of Birth:</u>			
<u>Occupation:</u>	<u>Postcode:</u> (This MUST be completed)		
<u>National Insurance Number:</u>	<u>Telephone:</u>		
<u>Gender:</u> Male <input type="checkbox"/>	<u>Mobile:</u>		
Female <input type="checkbox"/>			
<u>Current Club/s:</u>	<u>Email:</u>		
<u>Position:</u> Coach <input type="checkbox"/>	Team Manager <input type="checkbox"/>	Referee <input type="checkbox"/>	Other <input type="checkbox"/>
<u>List of previous clubs (with years if known):</u>			
<u>Club:</u> <u>Year:</u>	<u>Club:</u> <u>Year:</u>		
<u>Club:</u> <u>Year:</u>	<u>Club:</u> <u>Year:</u>		
<b>RELEVANT EXPERIENCE</b>			
<u>Please give details of all relevant experience, qualifications and training:</u>			
<u>Please give details of previous involvement in sport:</u>			

**REFEREES**

Please provide the names and contact details of two referees willing to provide written references that comment on your previous experience of, and suitability for, working with children:

Name:

Name:

Address:

Address:

Postcode:

Postcode:

Telephone:

Telephone:

<b>SELF-DISCLOSURE STATEMENTS</b>	
<u>Have you ever been convicted of any criminal offence?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>If YES please supply details of any criminal conviction:</u>	
NOTE: you are advised that under the provisions of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1974 as amended by the Rehabilitation of Offenders Act (Exceptions)(Amendment) Order 1986 you should declare all convictions including "spent" convictions.	
<u>Are you a person known to any Social Services Department as being an actual or potential risk to children and young people?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>If YES please supply details:</u>	
<u>Have you had a BKA disciplinary sanction relating to child abuse/poor practice?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>If YES please supply details:</u>	
<b>The BKA reserves the right to carry out any checks considered appropriate in relation to your work with young people.</b>	

**IMPORTANT**

**(Please ensure you tick (✓) each box)**

- I have read and understood the Child Protection Policy.
- I consent to Criminal Records Bureau checks being undertaken.
- I am aware of the existence of the Code of Practice in relation to the use and handling of Disclosure information and I understand that a copy of this Code of Practice will be available if I request it.
- I understand that the BKA has a written policy on the recruitment of ex-offenders and that I am entitled to request a copy if a Disclosure is requested.
- All statements contained in this form are true and will be adhered to

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR CLUB/ASSOCIATION USE ONLY</b>	
Date Form received:	
Signed:	
Club/Association Chair/Secretary:	
<b><i>NB If a volunteer has answered Yes to any of the above self-disclosure statements, or you have concerns please contact the BKA for advice.</i></b>	