



Scottish Volleyball Association
Self-Disclosure Form

This form is for use when an individual has had a check carried out by an organisation other than the Scottish Volleyball Association in the past three years OR is currently in the process of completing a PVG check. **Please complete in BLOCK CAPITALS**

		DBS { } PVG { } Access NI { }	
Name as on certificate:			
Address: <i>(including Postcode)</i>			
Date of Birth:		Gender:	Male { } Female { }
Unique Reference Number:		Date of Issue:	
Clear Certificate?	YES { } NO { }	Level of Certificate:	Standard { } Enhanced { }
Organisation who carried out check:			
Are you subscribed to the Update Service?		YES { } NO { }	
Have you ever been known to any Children's Services department or Police as being a risk or potential risk to children, young people or vulnerable adults?		YES { } NO { } <i>(if Yes, provide information overleaf)</i>	
Have you been the subject of any disciplinary investigation and/or sanction by any organisation due to concerns about your behaviour?		YES { } NO { } <i>(if Yes, provide information overleaf)</i>	
Have you committed any offence of abuse or causing harm to children, young people or vulnerable adults that may be relevant to the work that you undertake for the Scottish Volleyball Association?		YES { } NO { } <i>(if Yes, provide information overleaf)</i>	
I agree that the information provided here may be processed in connection with recruitment purposes and I understand that an offer may be withdrawn or disciplinary action may be taken if information is not disclosed by me and subsequently come to the Scottish Volleyball Association. <i>(Please tick)</i> { }			
In accordance with the Scottish Volleyball Association procedures if required I agree to provide a valid disclosure certificate and consent to the organisation clarifying any information provided on the disclosure with the agencies providing it. <i>(Please tick)</i> { }			
I agree to inform the Scottish Volleyball Association within 24 hours if I am subsequently investigated by any agency or organisation in relation to concerns about my behaviour towards children, young people or vulnerable adults. <i>(Please tick)</i> { }			
I understand that the information contained on this form, the results of the disclosure check and information supplied by third parties may be supplied by the Scottish Volleyball Association to other persons or organisations in circumstances where this is considered necessary to safeguard children. <i>(Please tick)</i> { }			
I have read the Scottish Volleyball Association Safeguarding Policy. <i>(Please tick)</i> { }			
Signature:			
Print name:		Date:	