

# Leaders/helpers – Self Declaration Form for Working with Children and Vulnerable Adults



**CONFIDENTIAL**

Full Name:	
Any surname previously known by:	
Address:	
Postcode:	
Telephone number(s):	
Date of Birth:	NGB Membership Number:
<b>To be completed by the individual named above</b>	
Name of section where you will be carrying out your role:	
Have you ever been known to any Children or Adult Services department or Police as being a risk or potential risk to children or adults?	YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(if Yes, please provide information below)</i>
Have you been the subject of any disciplinary investigation and/or sanction by any organisation due to concerns about your behaviour towards children or adults?	YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(if Yes, please provide information below)</i>
Do you have any criminal convictions?	YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(if Yes, please provide information below)</i>
Please provide any relevant information:	
<b>Confirmation of Declaration (tick box below)</b>	
<input type="checkbox"/>	I confirm that I have read and understand the Adventure Dolphin Child and Vulnerable Groups Protection Policy and Coaches' Code of Ethics; that I am committed to the child protection policy of this organisation and I accept my responsibility to care for those whom I come into contact. I can confirm that there is no reason why I should not have unsupervised access to children, young people or adults whilst working with the organisation.
<input type="checkbox"/>	I agree that the information provided here may be processed in connection with recruitment purposes and I understand that an offer of employment/ voluntary role may be withdrawn or disciplinary action may be taken if information is not disclosed by me and subsequently come to the organisation's attention.
<input type="checkbox"/>	In accordance with the organisation's procedures, if required, I agree to provide a valid Disclosure and Barring Service (DBS) certificate and consent to the organisation clarifying any information provided on the disclosure with the agencies providing it.
<input type="checkbox"/>	I agree to inform the organisation 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 adults.
<input type="checkbox"/>	I understand that the information contained on this form, the results of a DBS check and information supplied by third parties may be supplied by the organisation to other persons or organisations in circumstances where this is considered necessary to safeguard children and adults.
Signature:	
Print Name:	Date:

Please return this form marked **CONFIDENTIAL** to Welfare@ AdventureDolphin.co.uk