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| **Name of Club: ID Checker Name:**  |
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| **ID Checker Signature:** |  | **Signature Date:** |  |
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| **Title Applicants Name****Title Firstname Middlename Surname** | **DOB** | **Applicants Email Address** | **Applicants Current Home Address** | **SRJ – App to Join****SRU - Update ExSR – Exist mem**  | **Position Applied For** | **Employer** | **Regulated Work Group(s) Children, Adults, Both** | **Will the Work Be Carried Out at The Home Of The Applicant Y/N** | **Volunteer Y/N** | **ID Verification**  |
|  |  |  |  |  |  |  |  |  | Scottish Athletics |  | N | Y |  |
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| I declare that the disclosure record is requested for the purpose of enabling or assisting me (or any other person for whom I act) to consider the applicant’s suitability to do, or to be offered or supplied for, the type(s) of regulated work specified in the application. I understand the following:* Disclosure Scotland will use the information I have given to check and process the application. It will also use it for the purpose of the Scheme, for the prevention or detection of crime and for other related purposes.
* Disclosure Scotland may pass the information it holds about me to other Government departments or organisations, the police and other law enforcement agencies for the purpose of the Scheme, of the prevention and detection of crime, of the apprehension and prosecution of offenders and other related purposes.

I confirm that the information I have supplied is complete and correct. I understand that to knowingly make a false statement in this application is a criminal offence. I will give any additional information that may be required to verify the information given and will immediately notify any changes to this information. |

**Please return this application request to** **welfare@scottishathletics.org.uk** **with the email subject heading ‘Online PVG Application Request’**