

DERBY ATHLETIC CLUB

Founded in 2002 from Derby & County AC (1887) and Derby Ladies AC (1949)

Self-Declaration Form Private and Confidential

You will require a self declaration form if you are:

- Under 16 years of age (Under 16 Declaration Form)
- Parent Helpers
- General club volunteers that do not have sole supervisory responsibilities for Under 18's
- Unqualified coaches / officials that are assisting to gain experience prior to accessing a formal course

Part One: For athletics club general volunteers.

All information will be treated as confidential and managed in accordance with relevant data protection legislation and guidance. You have a right of access to information held on you under the Data Protection Act 2018.

Data Frotection Act 2010.								
Personal Details	5							
Last Name			First name					
Previous Name (if applicable)		Gender			Date of Birth			
Address								
Post Code		lephone						
Email								
Position or Role								
Coaching/Training Session Support		(Competition Support		(Other (please	describe)	
Coaching	DBS Require		ciating/Helpin	ıg				
Helping		Те	am Managing	<i>'</i>	DBS Required			

For completion by an Athletics Club Official

Proof of name, address and date of birth needs to be shown. Underline the document(s) seen. You do not need to record any information from the document(s).

UK Driving Licence, UK Passport, Biometric Residence Permit, Birth Certificate, Adoption Certificate, Marriage/Civil Partnership Certificate, EU National ID Card, Firearms Licence, HM Forces ID Card, Credit Card Statement, Financial Statement (e.g. pension), P45/P60 Statement, Council Tax Statement, Utility Bill, Letter of Sponsorship from Future Employer, Bank/Building Society Statement, Benefit Statement (e.g. child benefit), Central or Local Government, Government Agency, or Local Council document giving entitlement, e.g. from the Department for Work and Pensions, Work Permit or Visa.

I confirm that I have seen identification documents relating to this person, and I confirm to the best of my ability that these are accurate:

Name:	Signature:	Date:
Harrier .	Signaturei	Dutti



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Part Two: For completion by the individual (named in Part one)

Have you ever been known to risk or potential risk to children	any Children's Services department as being an?	Yes / No (if yes, please provide further information)				
		T.,				
,	any disciplinary investigation and/or sanction incerns about your behaviour towards children?	Yes / No (if yes, please provide further information)				
Have you been the subject of a by any organisation due to convulnerable adults?	Yes / No (if yes, please provide further information)					
		_				
_	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.						
By signing this form, I confirm that the information that I have provided is complete and true and understand that knowingly making a false statement may be a criminal offence.						
,						
Signature:						
Name:						
Date						