



## Volunteer for Windrush Bike Project Self-Declaration Form

### CONFIDENTIAL

You have a right of access to information held on you and other rights under the Data Protection Acts of 1984 and 1998.

### Part A PERSONAL DETAILS

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Mobile telephone: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Any Surname previously known by: \_\_\_\_\_

### REFERENCES

Please name two people willing to act as referees for you, at least one should be known to you in a professional or educational capacity.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Capacity known to you: \_\_\_\_\_

Capacity known to you: \_\_\_\_\_

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**Part B – Self Declaration (for completion by the individual named in part A)**

**1. Have you ever been convicted of any criminal offences?**

Yes  No

If yes, please supply details of any criminal convictions: \_\_\_\_\_

NOTE: You are advised under the provisions of the Rehabilitation of Offenders Act 1974 (exceptions) order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions Amendment) Order 1986 you should declare all convictions including 'spent' convictions.

**2. Are you a person known to any Social Services department as being as actual or potential risk to Children or Young People?**

Yes  No

If yes, please supply details: \_\_\_\_\_

**3. Have you ever had a disciplinary sanction (from any sports or other organisation's governing body) relating to child abuse?**

Yes  No

If yes, please supply details: \_\_\_\_\_

I understand that it is necessary for me to declare any information requested and that the voluntary position for which I have applied may involve access to Children, Young People and or Vulnerable Adults. I hereby consent to the Oxfordshire Sports Partnership undertaking police and or social services checks against me. I understand that the information contained on this form, the results of the police and social services checks and information supplied by third parties, will be included on the Child Protection List. It may also be notified to my club or organisation and may be supplied by the Oxfordshire Sports Partnership to other persons or organisations sharing concerns regarding child protection.

Name: (BLOCK CAPITALS):

Signature: \_\_\_\_\_