|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **WELLBEING PROTECTION OFFICER WPO NOMINATION / ID VERIFICATION FORM** | | | |
| **Club name** |  | | |
| **WPO DETAILS** | | | |
| **Title** |  | **First Name** |  |
| **Middle Name** |  | **Surname** |  |
|  |
| **Address** |  | **Postcode** |  |
| **Telephone Number** |  | **Email Address** |  |
|  |
| **Date of Birth** |  | **Sex** | **Male  Female** |
| **Occupation** |  |
|  |
| **Are you:** | **Taking over the role of WPO**  **Acting as a second WPO** | | |
| **If taking over the role of WPO, please provide the name of WPO you are taking over from** |  | | |
| **If acting as a second WPO, please provide the name of the person you will work jointly with** |  | | |
| **Are you already a PVG Scheme Member?** | **YES  NO** | | |
| **If yes, please provide your PVG membership number** |  | | |
| **Date PVG issued** |  | | |
|  |  | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **VERIFIER’S DETAILS**  ***The following section should be completed by the verifier who must be a member of the club’s Board or Management Committee.*** | | | | | | | |
| **First Name** | |  | **Surname** | |  | | |
| **Address** | |  | | | | | |
| **Postcode** | |  | | | | | |
| **Telephone:** | | **Day:** | **Evening:** | | | **Mobile:** | |
| **Email:** | |  | | | | | |
| **Date of Birth** | |  | **Sex** | | **Male  Female** | | |
| **Identification checked:**  (please cross the appropriate boxes)  **Three** forms of identification should be checked. At least one must be photographic and one should contain the applicant’s current address. | | | | | | | |
| **Photo ID: at least one box must be ticked** | | | | | | | |
| **Passport** | | **\*Driving Licence with photo** | | | **National Entitlement Card**  **(e.g. FREE bus travel card)** | | |
| **\*If the candidate has a middle name and has used a driving licence as proof of ID, please make sure the middle name has been recorded on the PVG application form.** | | | | | | | |
| **Current Address ID: at least one box must be ticked** | | | | | | | |
| **Phone Bill** | | **Utility Bill** | **Bank Statement** | | **Other**  **Please state:** | | |
| **Other ID** | | | | | | | |
| **Driving licence without photo** | | | **Birth Certificate** | |  | | |
| **I confirm that I have met with and positively identified the above named WPO. I have checked in the manner recommended by Disclosure Scotland, the authenticity of the documentation supplied and the information recorded on the PVG Scheme Record Application Form.** | | | | | | | |
| **Verifier Name *(signature)*** |  | | | **Date signed** | | |  |
| **Print Name** |  | | | **Position in Club** | | |  |
| **Please return this form to Scottish Indoor Bowling Association, via email to** lcrombie.siba@gmail..comIf there are any changes to the information above then please inform  **Scottish Indoor Bowling Association** immediately. This information is only for use by  **Scottish Indoor Bowling Association** and will not be passed to any other organisations. | | | | | | | |