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| **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** |  |
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| **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.  |