**Scottish Indoor Bowling Association**

**PVG ONLINE APPLICATION REQUEST FORM**

**Club Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Wellbeing Protection Officer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SRJ – App to Join**  **SRU - Update**  **ExSR – Exist mem** | **Title Applicants Name**  **Title First Middle Surname**  **Name Name** | | | | **D.O.B** | **Applicants Email Address\***  **\*no generic email addresses, the email provided must be a** personal email or personal work email address or it will be rejected | **Applicants Current Home Address –**  **with postcode** | **Employer (bowling club name)** | **Position Applied For** | **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**  **1 x Photo ID**  **1 X address ID**  **Or 3 x address ID if photo ID not available** |
| Choose an item. |  |  |  |  |  |  |  |  |  | Choose an item. | Choose an item. | Choose an item. |  |
| Choose an item. |  |  |  |  |  |  |  |  |  | Choose an item. | Choose an item. | Choose an item. |  |
| Choose an item. |  |  |  |  |  |  |  |  |  | Choose an item. | Choose an item. | Choose an item. |  |
| Choose an item. |  |  |  |  |  |  |  |  |  | Choose an item. | Choose an item. | Choose an item. |  |
| Choose an item. |  |  |  |  |  |  |  |  |  | Choose an item. | Choose an item. | Choose an item. |  |

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:

* Scottish Indoor Bowling Association 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 Scottish Indoor Bowling Association’s Wellbeing and Protection Officer at [lcrombie.siba@gmail.com](mailto:lcrombie.siba@gmail.com).