



# Self-Disclosure Form

Buckinghamshire County Ladies Golf Association  
(BCLGA)



**Position Applied for:** \_\_\_\_\_

**Personal Details**

Title: Mr/Mrs/Miss/Dr/Other (please specify) \_\_\_\_\_

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

Any previous surname: \_\_\_\_\_

Date and place of birth: \_\_\_\_\_

National Insurance Number: \_\_\_\_\_

**Present Address:** \_\_\_\_\_

\_\_\_\_\_

**Post Code:** \_\_\_\_\_

**Telephone Numbers:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Relevant Experience including any previous experience of working with children and young people:**

If the role you are in or have applied for involves frequent or regular contact with or responsibility for children you will also be required to provide a valid DBS (Disclosure and Barring Service) certificate which will provide details of criminal convictions; this may also include a Barring List check depending on the nature of the role (see organisational guidance about eligibility for DBS checks).

Evaluation of information is based strictly on confidentiality and discretion.

**If you require confidential advice in relation to completion of this form, please call England Golf Compliance department on 01526 351813**



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Have you ever been known to any Children's Services department or Police as being a risk or potential risk to children?	YES / NO (if Yes, provide information below):
Have you been the subject of any disciplinary investigation and/or sanction by any organisation due to concerns about your behaviour towards children?	YES / NO (if Yes, provide information below):
Confirmation of Declaration <i>(tick box below)</i>	
<input type="checkbox"/>	I agree that the information provided here may be processed in connection with recruitment purposes and I understand that an offer of employment (including volunteer positions) may be withdrawn or disciplinary action may be taken if information is not disclosed by me and subsequently comes to BCLGA's attention.
<input type="checkbox"/>	In accordance with BCLGA procedures if required I agree to provide a valid DBS certificate and consent to BCLGA clarifying any information provided on the disclosure with the agencies providing it.
<input type="checkbox"/>	I agree to inform BCLGA within 24 hours if I am subsequently investigated by any agency or organisation in relation to concerns about my behaviour towards children or young people.
<input type="checkbox"/>	I understand that the information contained on this form, the results of the DBS check and information supplied by third parties may be supplied by BCLGA to other persons or organisations in circumstances where this is considered necessary to safeguard children.
<input type="checkbox"/>	I agree to abide by the BCLGA Code of Conduct and Safeguarding Policy and Procedures, and confirm that the the information I have supplied in completing this form is correct and true.

<b>Print name:</b>		<b>Signature:</b>	
<b>Date:</b>			

**When complete, this form should be returned to the County Welfare Officer.**

<b>County Welfare Officer</b>	I have seen and checked the above responses, if any of the boxes above are ticked YES, I have referred this form to England Golf Compliance Department for a risk assessment and advice.		
<b>Print name:</b>		<b>Signature:</b>	
<b>Date:</b>			