



## VOLUNTEER APPLICATION FORM FOR THOSE IN REGULATED POSITIONS

### Section 1

All information received in this form will be treated confidentially

<b>Name:</b>			
<b>Address:</b>			
<b>Date of Birth:</b>		<b>National Insurance No:</b>	
<b>Telephone No:</b>		<b>Mobile No:</b>	
<b>Previous work experience and relevant qualifications:</b>			
<b>Have you previously been involved in voluntary work?</b> <b>If yes, please give details:</b>	Yes	No	
<b>Do you have any spare time hobbies, interests or specific skills that may be useful to the activities?</b>			
<b>Do you agree to abide by <i>NAME OF GOVERNING BODY</i> Code of Conduct (a copy should be included with this form)?</b>	Yes	No	
<b>Have you completed Safeguarding Awareness Training?</b>	Yes	No	
<b>If yes Organised by:</b>	<b>When:</b>		
<b>Do you agree to undergo specific training on the role of the (position being appointed)</b>	Yes	No	



<b>Have you ever been asked to leave a sporting organisation in the past?</b> <b>(if you have answered yes we will contact you in confidence)</b>	<b>Yes</b> <b>No</b>
<b>Any other relevant information?</b>	
<b>Please supply the names of two responsible people whom we can contact and who from personal knowledge are willing to endorse your application. If you have had a previous involvement in a sports club one of these names should be that of an administrator/leader in your last club/place of involvement.</b>	
<b>Name:</b> <b>Address:</b>  <b>Telephone:</b> <b>Designation:</b>	<b>Name:</b> <b>Address:</b>  <b>Telephone:</b> <b>Designation:</b>



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## Section 2

### DISCLOSURE OF CRIMINAL CONVICTIONS FOR THOSE WORKING IN NORTHERN IRELAND

**Please read this information carefully.**

#### Statement of non-discrimination

North Down Hockey Club is committed to equal opportunity for all applicants including those with criminal convictions. Information about criminal convictions is requested to assist the selection process and will be taken into account only when the conviction is considered relevant to the post. Any disclosure will be seen in the context of the job criteria, the nature of the offence and the responsibility for the care of existing clients\customers and employees.

For the purposes of your application for the post of:

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It is our policy to ask for an Enhanced check to be carried out by the Access NI. The purpose of the check is to make sure that people are not appointed who might be a risk to vulnerable people.

The check will tell us whether you have a criminal record, or whether any other information about you held on barred lists may have a bearing on your suitability. Any information which we receive will be treated confidentially, and will be discussed with you before we make a final decision. After that decision is made the information returned from Access NI will be destroyed.

#### Advice to Applicants

Please complete this form as accurately as possible and return it to the person responsible in your club. An arrangement will be made with you to discuss any clarification if required.

Thank you for your co-operation.

You **must** tell us now if you have a case pending or if you have ever been convicted of a criminal offence, or cautioned by the police, or bound over. You **must** include all offences, even minor matters such as motoring offences, and 'spent' convictions, that is, things which happened a long time ago. If you leave anything out it may affect your application. The disclosure of a criminal record or other information will not debar you from registration/appointment unless Ulster Hockey considers that the conviction renders you unsuitable. In making this decision Ulster Hockey will consider the nature of the offence, how long ago it was committed and what age you were at the time and other factors which may be relevant.

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**Have you ever been convicted of a criminal offence or been the subject of a caution; a Bound Over Order; or the subject of an investigation alleging that you were the perpetrator of adult or child abuse?**

Yes

No

If so, please state below the nature, date(s) and sentence of the offence(s)

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**Please provide any other information you feel may be of relevance such as:**

- The circumstances of the offence/incident
- A comment on the sentence received
- Any relevant developments in your situation since then
- Whether or not you feel the conviction has relevance to this post

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Please continue on a separate page if necessary.

Please note you are advised that under the provisions of the Rehabilitation of Offenders (Exceptions) Order (N.I.) 1979 as amended by the Rehabilitation of Offenders (Exceptions) (Amendment) Order (NI) 1987 you should declare all convictions including 'spent' convictions.



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### Declaration

I understand that I must also complete an Access NI Disclosure Certificate Application Form and that this check must be carried out before my application for registration/appointment can be confirmed. This has been explained to me and I am aware that spent convictions may be disclosed. I declare that the information I have given is accurate and I am also aware that Ulster Hockey as the registered/umbrella organisation carrying out the check may, share the information returned with the designated signatory in my club, **(governing bodies can only do this if they are acting as an umbrella organisation for the club appointing the individual).**

**I declare that any answers are complete and correct to the best of my knowledge and I will inform the governing body Designated Person/Children's Officer (again it is the responsibility of the Governing Body to decide the position of the person who this information is reported to) of any future convictions or charges.**

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**Signature**

**Date**

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**Print Name**



<b>FOR OFFICIAL USE ONLY:</b>	
<b>Applicant Name:</b>	
<b>Date application received:</b>	
<b>Date of interview:</b>	
<b>Interviewed by:</b>	1. 2.
<b>References received and are satisfactory:</b>	Yes                  No
<b>Access NI check completed and returned (if appropriate):</b>	Yes                  No
<b>Comments:</b>	
<b>Proof of applicants identification received:</b>	Yes                  No Group 1 _____ Group 2 _____
<b>Identification type:</b>	
<b>Recommendation</b> Approve Not approved	<b>Reasons:</b>

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Position in Organisation**



**CONFIDENTIAL**

The following person \_\_\_\_\_ has expressed an interest in working for North Down Hockey Club.

If you are happy to complete this reference, any information will be treated with due confidentiality and in accordance with relevant legislation and guidance. Information will only be shared with the person conducting the assessment of the candidate's suitability for the post, if he/she is offered the position in question. We would appreciate you being extremely candid, open and honest in your evaluation of this person.

**1. How long have you know this person?**

\_\_\_\_\_

**2. In what capacity?**

\_\_\_\_\_

**3. What attributes does this person have that would make them suited to this work?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Please rate this person on the following – please tick one box for each statement:**

	Poor	Average	Good	V Good	Excellent
<b>Responsibility</b>					
<b>Maturity</b>					
<b>Self-motivation</b>					
<b>Can motivate others</b>					
<b>Energy</b>					
<b>Trustworthiness</b>					
<b>Reliability</b>					



This post involves substantial access to children. As an organisation committed to the welfare and protection of children, we are anxious to know if you have any reason at all to be concerned about this applicant being in contact with children and young people.

YES

NO

If you have answered **YES** we will contact you in confidence.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

Position: \_\_\_\_\_

Organisation: \_\_\_\_\_