## FEDERATION OF ARTISTIC ROLLER SKATING

<u>SELF DECLARATION FORM - Volunteer</u>
You have a right of access to information held on you and other rights under the Data protection act 1984

## Part A

Title	First Name	Surname	Any previous names by which you ma	y have been known.	
Address:					
Post Code:	e: Telephone Number(s):		E-mail address	E-mail address	
N.B. The Postcode MUST be completed.					
D	ate of Birtii	nm yyyy	Sex: M F		
Past Club(s) or records of activities Position in any Club etc.				Start/finish Date	
Application to join new Club or Organisation (or register with existing club)					
Volunteer po	st:				
I confirm that I have seen identification documents relating to this person, an I confirm to the best of my ability that these are accurate. <b>Please detail which documents:</b>					
Signature of club/organisation secretary or other designated officer.					
P	rint name:		Date:		
F.	ARS CPU/03				

## Part B

Self Declaration (for completion by the individual named in Part A)
1 - Have you ever been convicted of any criminal offences? Yes/No*
If YES, please supply details of any criminal convictions:
NOTE: You are advised under the provision of Rehabilitation of Offenders Act 1974 (exceptions) order 1975 as amended by the Rehabilitation of Offender act 1974 Exceptions Amended Order 1986 you should declare all convictions including "spent" convictions.
2 - Are you a person known to any social services department as being an actual or potential risk to children? Yes/No*
If YES please give details:
3 - Have you had a disciplinary sanction (from a sports or other organisations governing body relating to child abuse. Yes/No* $$
If YES please give details:
* Please delete as appropriate
Important
I have read and understood the information documents regarding the FARS Child Protection policy and procedure. I hereby consent to the FARS undertaking police and/or other social services checks on me. I understand that the information contained on this form, the results of police and social services checks and information supplied by third parties, will be included on the FARS Child Protection Records, and may be notified to my club/organisation and may be supplied by FARS to other persons or organisations who have an interest in child protection issues with whom I may become involved.
Signed by the above named individual: Date:
Print Name:

This form should be returned **Direct** to:

The Child Protection Unit

Federation of Artistic Roller Skating

Terence House, 24 London Road, Thatcham, Berkshire, RG18 4LQ