

Inkberrow Football Club

THE FOOTBALL ASSOCIATION PERSONAL DISCLOSURE FORM

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 may have been known
(including first names, surnames and maiden names):

Address: _____

Postcode: _____

Telephone (include national code): Daytime: _____ Evening: _____

E-Mail Address: _____

NB. Post Code MUST be completed

Date of Birth: _____

Gender: M F

Please tick as appropriate

Current Club(s)	Position (*Please delete as appropriate)	Start Date
	Coach/Helper/Team manager/Chaperon/Other*	
	Coach/Helper/Team manager/Chaperon/Other*	
	Coach/Helper/Team manager/Chaperon/Other*	

Previous Club(s)	County	Date from	Date to	Reason for moving on

I confirm that I have seen identification documents relating to this person e.g. passport, driving licence. Signature of Club Secretary or other designated officer:

Print Name:



Part B

Self Declaration (for completion by the individual named in Part A)

Have you ever been convicted of any criminal offences? (excluding motoring offences) YES/NO*

If YES, please supply details of any criminal convictions:

NOTE: You are advised under the provisions of the Rehabilitation of Offenders Act 1974 (exceptions) Order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions Amendment) Order 1986 you should declare all convictions including 'spent' convictions.

Are you a person who has been investigated by any Social Services department as being an actual or potential risk to children or young people? YES/NO*

If YES, please supply details:

Have you had an F.A. disciplinary sanction relating to child abuse? YES/NO*

If YES, please supply details:

*Delete as appropriate

IMPORTANT

*I have read and understood the information leaflet regarding The F.A. Child Protection List.
I hereby consent to The Football Association undertaking police and/or Social Services checks against 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 F.A. Child Protection List, may be notified to my club and may be supplied by The Football Association to other persons or organisations who have an interest in child protection issues.*

Please put a cross in this box if you do not wish to receive any other Football related information

Signed by the above named individual: _____ Date: _____

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

The Head of Education and Child Protection

The Football Association

Lilleshall Hall NSC

Near Newport

Shropshire TF10 9AT

This form is being adapted in line with the opportunities for criminal checks being developed through the Criminal Records Bureau.

The form is being adapted and developed by The Football Association for members of FACA, Referees, Medics and other personnel who by nature of the role they fulfill within football have direct access to children and young players.