



TEMPLATE ONE SELF DISCLOSURE FORM

To be completed by all individuals in England Basketball who have not been required to complete a CRB Disclosure form. **You have the right of access to information held on you and other rights under the Data Protection Act 1984.**

Part A

Surname and title (Mr/Mrs/Ms/Miss):

Any first name, surname or maiden name previously known by:.....

First name (s):.....

Present address:.....

Postcode:

Telephone Number (s):

E-mail address:

POSTCODE MUST BE COMPLETED

Date of Birth:

NI Number:

Gender: M / F

Current Club/s (Refers to clubs affiliated to England Basketball or other sports clubs)

.....
.....

Position/s Held:

Start Date:

Coach Qualification and ID Number:

Course Date:

Details of other Qualifications Held:

Previous Clubs/s (Refers to clubs affiliated to England Basketball or other sports clubs)

.....
.....

Start Date:

Leave Date:

Position/s Held:

I confirm that I have seen identification documents relating to this person, and I confirm to the best of my ability that these are accurate. Please detail which documents:

Signature of Club Secretary or Club Child Welfare Officer:

Print Name:

Date:

Part B

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

Have you ever been convicted of any criminal offences? YES / NO

If YES, please supply details of any criminal offences:



.....
.....
.....

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 known to any Social Services department as being an actual or potential risk to children? YES / NO

If YES, please supply details:
.....
.....
.....

Have you had a disciplinary sanction (from a sports or other organisations governing body) relating to child abuse? YES / NO

If YES, please supply details:
.....
.....

IMPORTANT

I hereby consent to agents of the sport of England Basketball 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 England Basketball's Child Protection List, may be notified to my club / organisation and may be supplied by England Basketball to other persons or organisations who have an interest in child protection issues.

I agree to abide by the England Basketball Code of Conduct and Ethics.

Signed by the above named individual:

Date:

Print name:

This form (Part A and Part B) should be returned DIRECT to:

England Basketball Lead Child Protection Officer, England Basketball, 1st Floor, English Institute Of Sport, Coleridge Road, Sheffield, S9 5DA



TEMPLATE TWO APPLICATION FORM

Confidential

Position applied for:

Surname:

First Name(s):

Address:

.....

.....

Postcode:

Telephone Number(s):

CURRENT/MOST RECENT EMPLOYMENT

Employer:

Position:

Dates of employment:

.....

Duties of employment:

.....

.....

.....

PREVIOUS EMPLOYMENT

Employer:

Position:

Dates of employment:

Duties of employment:

.....

.....

Employer:

Position:

Dates of employment:

Duties of employment:

.....

.....

Employer:

Position:

Dates of employment:

Duties of employment:

.....

.....

QUALIFICATIONS

Academic / school (not essential for those applying to voluntary posts to complete):

.....

.....

.....

.....



Coaching Qualifications / Experience:

.....
.....
.....

Previous experience of working with young children in a voluntary or professional capacity:

.....
.....
.....
.....

Reason for applying:

.....
.....
.....

DATA PROTECTION NOTICE

I declare that the information provided on this form is, to the best of my knowledge correct, true and complete. By signing this form you are providing your explicit consent to (insert club name) _____ processing personal data in connection with all matters relating to your application for employment / appointment. Details contained on this form will be limited to those only directly involved in the selection process. All records relating to recruitment are retained by (insert club representative) _____, in order to fulfil legal responsibilities under Data Protection legislation.

I agree to abide by England Basketball’s Code of Conduct and Ethics.

Signed:

Date:

PLEASE NOTE APPLICANTS MUST ALSO COMPLETE A CRB DISCLOSURE APPLICATION FORM OR SELF DISCLOSURE FORM AS DIRECTED.

IT IS THE POLICY OF THIS ORGANISATION TO OBTAIN TWO REFERENCES FROM SUCCESSFUL CANDIDATES.



TEMPLATE THREE REFERENCE FORM

Confidential

The following applicant _____ has been offered the position of _____ subject to the receipt of satisfactory references and CRB Disclosure. The post involves substantial access to children.

As an organisation committed to the welfare of and protection of children, we are anxious to know if there is any reason at all to be concerned about this applicant being in contact with children or young people and vulnerable adults.

All information will be treated with due confidentiality and in accordance with relevant legislation and guidance. We would appreciate you being extremely candid, open and honest in your evaluation of this person.

How long have you known this applicant and in what capacity?

What attributes does this applicant have that would make them suited to this work?

Based on your knowledge of the applicant, please indicate their ability across the following criteria (please circle):

Responsibility	POOR	SATISFACTORY	GOOD	EXCELLENT
Maturity	POOR	SATISFACTORY	GOOD	EXCELLENT
Self motivation	POOR	SATISFACTORY	GOOD	EXCELLENT
Can motivate others	POOR	SATISFACTORY	GOOD	EXCELLENT
Energy	POOR	SATISFACTORY	GOOD	EXCELLENT
Trustworthiness	POOR	SATISFACTORY	GOOD	EXCELLENT
Reliability	POOR	SATISFACTORY	GOOD	EXCELLENT

If you have any concern about the applicant's suitability to work with young people and vulnerable adults, please detail below.

.....

Signed:

Dated:

Print name:

Position:

Organisation:

We may wish to contact you in complete confidence if you have any concerns about the suitability of this applicant for this post. If you are happy for us to do so, please give a contact number for this purpose.....

Please return to:



TEMPLATE FOUR INCIDENT REFERRAL FORM

Basketball Club:

Your name:

Your position:

Your contact telephone number(s).....

Child's name:

Child's address:

.....

Child's date of birth:

Child's disability (if any):

Child's ethnic origin:

- White** British ? Irish ?
- Mixed** White & Black Caribbean ? White & Black African ? White & Asian ?
- Asian/Asian British** Indian ? Pakistani ? Bangladeshi ?
- Black or Black British** Caribbean ?
- Chinese** ?
- Other** ?

Parents / Guardians names and addresses:

.....

Date and time of any incident:

.....

Your observations:

.....

.....

.....

.....

Exactly what the child said and what you said (Remember, do not lead the child – record actual details.

Continue on separate sheet if necessary):

.....

.....

.....

.....

.....

.....

Action taken so far:

.....

.....

.....

.....

Name & contact details of any witness(es) to the incident.....

.....

.....

.....

.....



TEMPLATE FIVE PARENTAL CONSENT FOR ENGLAND BASKETBALL ACTIVITIES

NAME OF BASKETBALL CLUB:

1. Details of England Basketball Activity:

From:

Date/Time/Season:

To:

Date/Time/Season:

I agree to (name of child):

taking part in this activity. I agree

to 's participation in the activities described. I acknowledge

the need for to behave responsibly.

2. Medical information about your child

a. Any conditions requiring medical treatment, including medication? YES / NO

If YES, please give brief details:

.....
.....
.....

b. Please outline any special dietary requirements of your child and the type of pain/flu relief medication that your child may be given if necessary.

.....
.....
.....

For residential visits and exchanges only

c. To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? YES / NO

If YES, please give brief details:

.....

d. Is your son/daughter allergic to any medication? YES / NO

If YES, please specify:

.....

e. When did your son/daughter last have a tetanus injection?

.....

I will inform the person in charge as soon as possible of any changes in medical or other circumstances between now and the commencement of the activity.

3. Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Emergency contact:

Contact telephone number (inc. national codes):



Work:

Work Mobile:

Home:

Home Mobile:

Home Address:

.....

.....

Contact telephone number (inc. national codes):

Work:

Work Mobile:

Home:

Home Mobile:

Address:

.....

.....

.....

Name of family doctor:

Telephone No:

Address:

.....

.....

Signed:

Date:

Full name (capitals) :

**THIS FORM OR A COPY MUST BE TAKEN BY THE PERSON IN CHARGE TO THE ACTIVITY.
A COPY SHOULD BE RETAINED BY THE SECRETARY OF THE ORGANISATION**



TEMPLATE SIX ACCIDENT REPORT FORM

NAME OF BASKETBALL CLUB:

1. Site when incident/accident took place:

2. Name of person in charge of session/competition:

3. Your contact telephone number(s).....

4. Name of injured person:

5. Address of injured person:

6. Date and time of incident/accident:

7. Nature of incident/accident:

8. Give details of how and precisely where the incident/accident took place. Describe what activity was taking place, e.g. training game, getting changed etc.

9. Give full details of the action taken including any first aid treatment and the name(s) of the first aider(s):

10. Were any of the following contacted:

Police: Yes / No

Ambulance: Yes / No

Parent: Yes / No

10. What happened to the injured person following the incident/accident? (e.g. went home, went to hospital, carried on with the session)

11. All of the above facts are a true and accurate record of the incident/accident.

Signed:

Date:

Name:

This form should be retained by the club and submitted to England Basketball on request.



3. Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Emergency contact:

Contact telephone number (inc. national codes):

Work:

Work Mobile:

Home:

Home Mobile:

Home Address:

.....

.....

.....

Alternative emergency contact:

Contact telephone number (inc. national codes):

Work:

Work Mobile:

Home:

Home Mobile:

Address:

.....

.....

.....

.....

Name of family doctor:

Telephone No:

Address:

.....

.....

.....

Signed:

Date:

Full name (capitals) :

**THIS FORM OR A COPY MUST BE TAKEN BY THE PERSON IN CHARGE TO THE ACTIVITY.
A COPY SHOULD BE RETAINED BY THE SECRETARY OF THE ORGANISATION**



TEMPLATE SEVEN PHOTOGRAPHIC AND RECORDED IMAGES USAGE FORM

FOR THE USE OF PHOTOGRAPHS AND RECORDED IMAGES

THIS SIDE TO BE COMPLETED BY THE CLUB.

This side of the form should be completed by the club and then signed by the legal guardian (usually parent/carer) of a young person, together with the young person. It provides permission for images of the young person to be used. Please note that if you have more than one child under the age of 18 or vulnerable adult registered with the club you will need to complete a separate form for each young person or vulnerable adult.

_____ (Club or organisation) recognises the need to ensure the welfare and safety of all young people and vulnerable adults in England Basketball. As part of our commitment to ensure the safety of children, young people and vulnerable adults we will not permit photographs, video or other images of children, young people and vulnerable adults to be taken or used without the consent of the parents/carers and the young person / vulnerable adult.

_____ (Club or organisation) will follow the guidance for the use of photographic and recorded images of children and young people and vulnerable adults, a copy of which is in the England Basketball Child Protection Policy and Procedures.

_____ (Club or organisation) will take all steps to ensure these images are used solely for the purposes they are intended which is the promotion and celebration of the activities of _____ (Club or organisation)

If you become aware that these images are being used inappropriately you should inform
_____ (Club or organisation immediately).

The information will be available on the website _____
for the season 200__/200__ after which it will be removed.

If at any time either the parent/carer of the young person / vulnerable adult wishes the data to be removed from the website, seven days notice must be given to the secretary after which the data will be removed.



FOR THE USE OF PHOTOGRAPHIC AND RECORDED IMAGES

THIS SIDE TO BE COMPLETED BY THE PARENT/CARER AND YOUNG PERSON / VULNERABLE ADULT

I _____ (insert parent/carer full name) consent to
_____ (Club or organisation) photographer or videoing
_____ (name of child/young person/vulnerable adult) under the stated
rules and conditions and I confirm that I am legally entitled to give consent.

I also confirm that _____ (name of child/young person/vulnerable adult) is
not under a court order

Signed: _____

Date: _____

I _____ (name of child/young person/vulnerable adult) consent to
_____ (Club or organisation) photographing or videoing my
involvement in England Basketball under the stated rules and conditions.

Signed: _____

Date: _____

Please return this form to:



TEMPLATE EIGHT EVENT REGISTRATION FORM

**THIS FORM SHOULD BE COMPLETED BY ANYONE TAKING
PHOTOGRAPHS OR RECORDING IMAGES AT AN EVENT**

Name:

Address:

.....

.....

.....

Telephone Number:

I wish to take photographs or record images at this event. I agree to abide by the event organiser's guidelines and confirm that the photographs or recorded images will only be used appropriately.

Please complete this registration form and return to the event organiser.

**THIS FORM SHOULD BE COMPLETED BY ANYONE TAKING
PHOTOGRAPHS OR RECORDING IMAGES AT AN EVENT**

Name:

Address:

.....

.....

.....

Telephone Number:

I wish to take photographs or record images at this event. I agree to abide by the event organiser's guidelines and confirm that the photographs or recorded images will only be used appropriately.

Please complete this registration form and return to the event organiser.



**TEMPLATE NINE
PHOTOGRAPHS & RECORDED IMAGES
TEAM CONSENT FORM**

For the season 200 /0 .

Team name.....

The following players and their parent / guardian give consent for photographs or recorded images to be taken during the course of the season in all England Basketball league, cup and play off matches.

Consent is given on the understanding that the 'Guidelines for the use of Photographic and Recorded Images of Children, Young People Under the Age of 18 and Vulnerable Adults' included as Appendix F of the England Basketball Child Protection Policy and Procedures, are strictly adhered to.

Player Name	Licence Number	Player Signature	Parent / Guardian Signature

When complete this form should be retained by the Coach / Team Manager.

New players joining during the season should be added to the form and the appropriate consent / signatures obtained.