



SPORTS LEADERSHIP AND VOLUNTEERING

Medway Council's Sports coach/event volunteer registration form

PERSONAL DETAILS:

Full name: (Mr, Mrs, Ms, Miss*)

Address:

Postcode:

Telephone (daytime):

Telephone (evening):

Telephone (mobile):

Email address:

MY SPORT IS/SPORTS ARE:

Multi-Skills *

RELEVANT INVOLVEMENT IN SPORT:

EXPERIENCE OF WORKING WITH:

Children (3-5 yrs)	<input type="checkbox"/> *	Children (14-16 yrs)	<input type="checkbox"/> *	Beginners	<input type="checkbox"/> *
Children (5-7 yrs)	<input type="checkbox"/> *	Children (16+ yrs)	<input type="checkbox"/> *	Intermediates	<input type="checkbox"/> *
Children (7-11 yrs)	<input type="checkbox"/> *	Adults	<input type="checkbox"/> *	Advanced performers	<input type="checkbox"/> *
Children (11-14 yrs)	<input type="checkbox"/> *			Disabled performers	<input type="checkbox"/> *

RELEVANT QUALIFICATIONS AND TRAINING UNDERTAKEN:

Sport specific 'coaching' qualifications:

National governing body	Qualification	Qualification date	Qualification expiry date (if applicable)
<i>England Netball</i>	<i>Level 1 Assistant Coach</i>	<i>Nov. 09</i>	<i>N/A</i>

(Please turn over)

Other relevant training: (e.g. Sports leadership/Sports Coach UK/First aid)	Date

For minibus driving purposes <u>only</u> :	Test date
▪ Do you hold a full driving licence?	Yes/No*
▪ Do you hold an approved minibus drivers certificate?	Yes/No*
▪ Do you hold a full D1PCV licence?	Yes/No*

POSSIBLE AVAILABILITY:					
Mornings	<input type="checkbox"/> *	After-school	<input type="checkbox"/> *	Weekends	<input type="checkbox"/> *
Afternoons	<input type="checkbox"/> *	Evenings	<input type="checkbox"/> *	Holidays	<input type="checkbox"/> *

SELF DISCLOSURE OF PAST CRIMINAL OFFENCES:

▪ Have you ever received a caution, reprimand, final warning or been convicted of any criminal offences?	Yes/No*
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If yes, please supply details: _____

▪ Are you a person known to any social services department as being an actual or potential risk to young people?	Yes/No*
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If yes, please supply details: _____

▪ Have you had a disciplinary sanction relating to child abuse?	Yes/No*
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If yes, please supply details: _____

All sports coaches and event volunteers will be subject to a satisfactory enhanced Criminal Records Bureau disclosure.

REFERENCES:

Please give details of two referees (neither should be a relative) who may be contacted regarding your registration. These referees should be people that you have previously worked for or have experience of your involvement in sport, particularly working with children.

Referee 1

Full name: (Mr, Mrs, Ms, Miss*) _____

Address: _____

Postcode: _____

Referee 2

Full name: (Mr, Mrs, Ms, Miss*) _____

Address: _____

Postcode: _____

(Please turn over)

<input type="checkbox"/> I declare that the information I have given in this form is correct to the best of my knowledge		Yes/No*
<input type="checkbox"/> I consent to an enhanced Criminal Records Bureau disclosure being undertaken if necessary		Yes/No*
<input type="checkbox"/> I consent to this information being included in an online register that will provide an invaluable resource for schools and other community organisations looking for sports coaches and/or event volunteers to develop local sports provisions		Yes/No*
Signed:		Date:
Print name:		

EQUAL OPPORTUNITIES DATA: (USED FOR MONITORING PURPOSES ONLY)			
<input type="checkbox"/> What is your date of birth?			
<input type="checkbox"/> What is your gender?		Male/Female*	
<input type="checkbox"/> Please tick the box that most closely describes your cultural background			
White - British	<input type="checkbox"/> *	Asian or Asian British - Pakistani	<input type="checkbox"/> *
White - Irish	<input type="checkbox"/> *	Asian or Asian British Bangladeshi	<input type="checkbox"/> *
Any other White background	<input type="checkbox"/> *	Any other Asian background	<input type="checkbox"/> *
Mixed - White and Black Caribbean	<input type="checkbox"/> *	Black or Black British - Caribbean	<input type="checkbox"/> *
Mixed - White and Black African	<input type="checkbox"/> *	Black or Black British - African	<input type="checkbox"/> *
Mixed - White and Black Asian	<input type="checkbox"/> *	Any other Black background	<input type="checkbox"/> *
Any other Mixed background	<input type="checkbox"/> *	Chinese	<input type="checkbox"/> *
Asian or Asian British - Indian	<input type="checkbox"/> *	Any other	<input type="checkbox"/> *
<input type="checkbox"/> Are you registered disabled?		Yes/No*	
<input type="checkbox"/> What is your profession?			

(*Tick/delete as appropriate)

Please return this completed registration form to:

The Howard School Sport Partnership
 The Howard School
 Derwent Way
 Rainham
 Kent
 ME8 0BX

The Howard School Sport Partnership is administering the sports coach/event volunteer register on behalf of Medway Council.

OFFICIAL USE ONLY:			
Post number:		Payroll number:	
CRB disclosure number:		Date disclosure issued:	
Name of employer:		Registered body:	

Data being collected by Medway Council will be stored and used in compliance with the Data Protection Act 1998