



Moppy Camp - Adult Helper Medical and Reference Form 2019

Name (adult helper) _____

Address _____

_____ Postcode _____

Contact numbers: primary _____ other _____

Name of participating child(ren) _____

Next of Kin details: (adult helper not child)

Name _____

Address _____

_____ Postcode _____

Contact numbers: home _____ mobile _____

work _____ email _____

Health/Medical Declaration (important in case first aid required)

Please give details of known health problems, significant medication. If none, write "Nil"

If you are not a member of Salterns Sailing Club, upon signing this form you will be a temporary member for the event you are attending/volunteering and will abide by all Club rules.

I confirm that I am aware of/have read the contents of the Club Sailing Safety Policy

Signed _____ Date _____



SELF-DECLARATION FORM AND REFERENCES FOR ROLES INVOLVING CONTACT WITH CHILDREN - PRIVATE AND CONFIDENTIAL

Salterns Sailing Club is committed to safeguarding children from physical, sexual and emotional harm. As part of our Safeguarding policy, we require staff, employees, volunteers and parent helpers undertaking roles involving prolonged contact with children to complete this self-declaration form and provide two references. All information will be treated as confidential and managed in accordance with our Data Privacy Policy and current data protection legislation and guidance.

Name

AddressPostcode

1. Have you ever been known to any Children's Services Department as being an actual or potential risk to children?
YES / NO If yes, please supply details:
2. Have you ever been the subject of any disciplinary investigation and/or sanction by any organisation due to concerns about your behaviour towards children?
YES / NO If yes, please supply details:

Declaration: I declare that to the best of my knowledge the information given above is correct and understand that any misleading statements or deliberate omission may be sufficient grounds for disciplinary action. I confirm that I have read and understood the Club's Safeguarding and Child Protection Policy and agree to abide by that policy. I consent to the Club undertaking police and/or social security checks on me. I understand that the information contained in this form, or supplied by third parties, and the results of these checks may be shared with other persons or organisations in circumstances where this is considered necessary to safeguard children.

Signed: Date:

Note: if the applicant is aged under 18, this form should be counter-signed by a parent or guardian.

Reference 1: I have known the above named person foryears. I certify that I know of no reason why they should not work with children.

Name Telephone number

AddressPostcode.....

Signed: Position:Date:

Reference 2: I have known the above named person foryears. I certify that I know of no reason why they should not work with children.

Name Telephone number

AddressPostcode

Signed: Position:Date: