

Registration Form for Individuals Seeking Regulated Work

The SCA is committed to ensuring that all staff and volunteers working with children and young people is suitable to do so.

In accordance with the SCA Appointment and Selection Procedure all staff and volunteers seeking appointment to Regulated Work must complete this registration form (or equivalent), prior to appointment.

PART A PERSONAL DETAILS

Title:	
Full Name:	
SCA Membership Number:	
Address:	
Post Code:	
Primary Phone Number:	

PART B QUALIFICATIONS AND PREVIOUS EXPERIENCE OF WORKING WITH CHILDREN (include name of organisation, responsibilities/ duties, dates).

PART C TRAINING (please provide details of any Child Protection training you have completed, along with relevant dates. Please also identify any training requirements you have in order to fulfil this role)

PART D REFEREES

Please provide details of 2 referees (not relatives). At least one should have knowledge of your previous work with children. Referees will be contacted for the purposes of verifying the information contained in this form.

Name: _____	Name: _____
Organisation: _____	Organisation: _____
Address: _____	Address: _____
_____	_____
Telephone: _____	Telephone: _____
Email	Email
address _____	Address _____
Relationship	Relationship
to Applicant: _____	to Applicant: _____

TO BE COMPLETED BY APPLICANT

- The SCA is registered with the Central Registered Body in Scotland. Individuals carrying out regulated work with Children must be members of the Protecting Vulnerable Groups Scheme. Where my role is deemed 'Regulated Work', I consent to a PVG Scheme Membership Record / PVG Scheme Record Update being requested prior to my appointment in this role.
- I have completed this form accurately and truthfully and to the best of my knowledge.
- I understand the nature of the role I will undertake with children.
- I have read the SCA Paddler's Code of Conduct for the safeguarding of young people in canoeing.
- I also understand that it is my duty to protect the young people with whom I come in to contact.
- I know what action to take if abuse is discovered or disclosed.

Signature: _____ **Date:** _____



How information about you will be used

The SCA will use the information you have provided to process and register you for the above role. If you give information that is incorrect or incomplete, the SCA may take action against you, including court action. You declare that the information you have given on this form is correct and complete. The SCA may make your name and contact details publicly available on its website, yearbook and other publications and pass your details to others who may wish to contact you about your role. If you do not agree to your information being shared in this way, please tick the box. The SCA may also share your information certain other organisations, which include affiliated clubs, local authorities and the British Canoe Union so that these organisations can contact you in connection with your role.

Please return this form in an envelope marked **PRIVATE and CONFIDENTIAL** to:
Mick James, Forth CC – Child Protection Officer, 7 Harrison Road, Edinburgh, EH11 1EG