



SELF DECLARATION FORM

To be handed back to RLTSC who will conduct all the follow up enquiries.
Please do not send to LTA Head Office

Name (please print)	
Any previous name	
Date and place of birth	
Current Address	
Previous Address (if you have been at the current address for less than 5 years)	

Have you been convicted of any offence or had a conviction or been bound over; or is a prosecution pending related to: children, any offence under the Sexual Offences Act, any offence involving violence of any nature or drug related offences? *(Note: You are advised that you should declare ALL convictions including 'spent' convictions where working with children.)*

Yes		No	
-----	--	----	--

If you have ticked 'Yes' please provide the details below

--

--

Are you a person known to ANY social services department as being an actual or potential risk to children/vulnerable adults/other people?

Yes		No	
-----	--	----	--

If you have ticked 'Yes' please provide the details below

--

Have you ever had a sanction imposed against you or been disciplined in any way for any matter relating to child abuse, sexual offences, violence or use of drugs?

Yes		No	
-----	--	----	--

If you have ticked 'Yes' please provide the details below

--

Please list your current club and the last three (if applicable) with whom you have been associated:

Current Club Name & Address	
Club Name & Address	
Club Name & Address	
Club Name & Address	

Please supply the names and addresses of two referees who can be contacted regarding your suitability to work with children or vulnerable adults (these must not be a partner or a relation)

Full Name	Full Name
Address	Address
Phone Number	Phone Number
Relationship to referee	Relationship to referee
How long have you been known to the referee?	How long have you been known to the referee?

CONSENT – Please read carefully

I hereby consent to the requesting body undertaking criminal record and/or social services and other relevant third party checks in connection with the Self Declaration and in line with LTA policy on the safeguarding of children. I understand that the information contained on this form, the results of any police and/or social services checks and information supplied by third parties will be recorded by the requesting body and/or the LTA. I understand that, if I continue to be associated with the requesting body, I must inform this body immediately of any changes relating to the questions above. I understand that action may be taken should I complete this form with false information or with information I know or believe to be incorrect. I understand that I have the right of access to information held on me and other rights under the Data Protection Act 1984.

Signed:	Date:
---------	-------