



WALSALL TENNIS CLUB
(formerly BIRMINGHAM ROAD LAWN TENNIS CLUB)

Club grounds at the rear of the Metro Inn, Birmingham Road, Walsall

www.walsalltennis.co.uk

President: (vacant)



Secretary: Mr Rick Magnante, 12, Scott Road, Walsall, WS5 3PU.

Telephone: 01922 645130

SELF-DECLARATION FORM FOR COACHES & VOLUNTEERS

For all persons who have substantial contact with children, as part of their activities with WTC, including (but not limited to) coaches / assistant coaches, temporary coaches & committee members.

Note: "Substantial contact" would mean an average of more than 3 times per month (in accordance with the Safeguarding Vulnerable Groups Act 2006).

Please return to Walsall Tennis Club, c/o David Fieldhouse, Child Protection Officer, email d.fieldhouse@perkins-slade.com , 20, Scott Road, Walsall, WS5 3JN

Full name: (please print)		
Any previous or other names:		
Date & place of birth:		
Current address:		
Previous address (if you have been at your 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	<input type="checkbox"/>
No	<input type="checkbox"/>

If you have ticked this box please provide details below

Full details if answered "yes" above

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

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If you have ticked this box please provide details below

Full details if answered "yes" above

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 the use of drugs?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If you have ticked this box please provide details below

Full details if answered "yes" above

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

Club name & address:	
Club name & address:	
Club name & address:	
Club name & address:	

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

Full name:	Full name:
Address:	Address:
Phone no:	Phone no:
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 this self-declaration 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:	
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