**CLUB VOLUNTEER APPLICATION**

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| **Applicant to complete** |
| Name | Title: |
| First Name: |
| Middle Name: |
| Surname: |
| Date of Birth |  |
| Position applying for | [ ]  Youth Rugby Coach[ ]  Child Protection Officer[ ]  Assistant Child Protection Officer[ ]  Youth Rugby Physio/Medic[ ]  First Aider | [ ]  Club Development Officer[ ]  Parent Helper[ ]  S&C Coach[ ]  Team Manager |
| Email  |  |
| Telephone/mobile |  |
| Emergency contact  | Name:Number:Relationship: |
| Home address |  |
| References | Reference 1:Name: Contact no & emailRelationship to applicant:Name: Contact no & emailRelationship to applicant: |
| SCRUMS ID number  | ALL YOUTH RUGBY COACHES MUST REGISTER ON SCRUMS BEFORE PVG APPLICATION MADE |
| PVG Status | [ ]  I am new to the PVG scheme[ ]  I have a PVG membership through a different organisationIF ALREADY PVG MEMBER: | [ ]  I have a PVG membership for working with children[ ]  I have a PVG membership for working with vulnerable adults |
| Date | Volunteer’s Signature |
| **Legal Guardian’s Consent for applicants under 18 years old** |
| [ ]  I consent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ becoming a member of the Protecting Vulnerable Groups (PVG) scheme. [ ]  I consent to Disclosure Scotland gathering criminal record and other relevant information regarding \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and sharing this information with the rugby club and the Scottish Rugby Union. | [ ]  I understand that membership of the scheme lasts forever, and scheme members are continuously checked, unless they decide to [leave the scheme](https://www.mygov.scot/apply-for-pvg).For more information about the scheme please visit to [Protecting Vulnerable Groups (PVG) scheme - Mygov](https://www.mygov.scot/pvg-scheme?via=https://www.disclosurescotland.co.uk/disclosureinformation/pvgscheme.htm) |
| Full Name and Title |  |
| Relationship to Child |  |
| Email  |  |
| Telephone/mobile |  |
| Date | Guardian’s Signature |
| **CPO to complete once PVG received and keep for their own records** |
| PVG Number |  |
| Start date of volunteer |  |
| Age grade volunteering with |  |
| Leave date of volunteer | (Complete this section once volunteer has left club in the future) |
| Date | CPO’s Signature |