



O-Safe – Sample Forms

To be used in conjunction with O-Safe

Reviewed: April 2007

British Orienteering Self-Disclosure Form

You have a right of access to information held on you and other rights under the Data Protection Act 1998.

Part A

Title: First Name: Surname:

Any previous names by which you may have been known:

Address:

Postcode:
Postcode **MUST** be completed.

Telephone Number(s): E-mail Address:

Date of Birth: ____/____/____ Sex: M F

Please complete if appropriate

| | | |
|-----------------|------------------|------------|
| Current Club(s) | Position(s) Held | Start Date |
|-----------------|------------------|------------|

British Orienteering Membership Number: _____

| | | |
|-------------------|-----------------|------------------|
| Qualification(s): | Course date(s): | Renewal date(s): |
|-------------------|-----------------|------------------|

I confirm that I have seen identification documents relating to this person, and I confirm to the best of my ability that these are accurate. Please detail which documents (membership card/coaching license etc):

Signature of Club Secretary or Club Welfare Officer: _____

Print name: _____ Date: _____

British Orienteering Self-Disclosure - Cont

4 Part B Self-disclosure (for completion by the individual named in Part A)

1. Have you ever been convicted or cautioned for any criminal offences or received a reprimand or written warning? YES/NO*

If YES please supply details of any criminal convictions:

NOTE: You are advised under the provisions of the Rehabilitation of Offenders Act 1974 (exceptions) order 1975 as amended by the Rehabilitations of Offenders Act 1974 (Exceptions Amendment) Order 1986 you should declare all convictions including 'spent' convictions.

2. Are you a person known to any social services department as being an actual or potential risk to children? YES/NO*

If YES, please supply details:

3. Have you had a disciplinary sanction (from a sports or other organisation's governing body) relating to child abuse? YES/NO*

If YES, please supply details:

*Delete as appropriate

IMPORTANT

I certify that all information in this form is true and correct to the best of my knowledge and realise that any false information or omissions may lead to the termination of my services. I agree to notify the Club of any pending prosecutions/cautions/warnings/reprimands or convictions whilst I remain in post.

I have read and understood the British Orienteering Child Welfare Policy and consent to British Orienteering undertaking a Criminal Records Bureau (CRB) check if so required and to verify any information provided by the Police and Social Services.

I agree to abide by the British Orienteering Code of Ethics and Conduct.

Signed by the above named individual:

Print name:

Please return **DIRECT** to: British Orienteering Lead Child Welfare Officer
8a Stancliffe House,
Whitworth Road, Darley Dale,
Matlock, Derbyshire, DE4 2HJ

British Orienteering Application Form

This form is to be completed by all employees and volunteers in orienteering.

Confidential

Position applied for:

Surname and title (Mr/Mrs/Ms/Miss):

First Name (s):

Any first name, surname or maiden name previously known by:

Date of birth:

Place of birth:

National Insurance Number:

Previous Address:

Postcode:
Postcode **MUST** be completed.

Home Telephone:

Mobile:

E-mail:

Former address (if moved within the last 3 years):

Current employer:

Start date:

Position:

Address:

Previous employer:

Dates of employment:

Position:

Address:

Previous employer:

Dates of employment:

Position:

Address:

British Orienteering Application Form - Cont

Previous employer:

Dates of employment:

Position:

Address:

Please continue on a separate sheet of A4 if required

Relevant experience:

Please continue on a separate sheet of A4 if required

Previous experience of working with young people in a voluntary or professional capacity:

Please continue on a separate sheet of A4 if required

British Orienteering Application Form - Cont

Qualifications

Academic/School:

Vocational/Interests:

Sporting qualifications and experience:

Please continue on a separate sheet of A4 if required.

References Name and address of two people who know you well (and are not related to you) who have first-hand experience of you working with young people and who we can contact for a reference, or who have provided you with a reference testimonial.

Name:

Name:

Address:

Address:

Postcode:

Postcode:

Telephone number:

Telephone number:

E-mail address:

E-mail address:

Capacity in which they know you:

Capacity in which they know you:

With your approval we shall also contact your current employer (where appropriate) for a reference.

I am a member of British Orienteering: YES/NO Membership number:

I declare that the information provided in this form is, to the best of my knowledge correct, true and complete. I agree to abide by the British Orienteering Code of Ethics and Conduct.

Signed:

Print name:

Date:

Please note applicants MUST also complete a CRB Disclosure application form or Self Disclosure form as directed.

British Orienteering Reference Form

The following person has expressed an interest in working as a with

..... The post involves substantial access to young people. As an organisation British Orienteering is committed to the welfare and protection of young people, and is anxious to know if there is any reason at all to be concerned about this applicant being in contact with children or young people.

If you are happy to complete this reference, any information will be treated with due confidentiality and in accordance with relevant legislation and guidance. Information will only be shared with the person conducting the assessment of the candidate's suitability for the post, if he/she is offered the position in question. We would appreciate you being extremely candid, open and honest in your evaluation of this person.

How long have you known this person?

In what capacity?

What attributes does this person have that would make them suited to this work?

Please rate this person on the following - please tick one box for each statement:

| | Poor | Average | Good | Very Good | Excellent |
|----------------------|------|---------|------|-----------|-----------|
| Responsibility | | | | | |
| Maturity | | | | | |
| Self-motivation | | | | | |
| Motivation of Others | | | | | |
| Energy | | | | | |
| Trustworthiness | | | | | |
| Reliability | | | | | |

This post involves substantial access to young people. As an organisation committed to the welfare and protection of young people, British Orienteering are anxious to know if you have any reason at all to be concerned about this applicant being in contact with children and young people. YES NO If you have answered YES we will contact you in confidence.

Signed:

Date:

Print name:

Position:

Organisation:

British Orienteering Incident Report Form**Child's Details**

First Name:

Surname:

Parents/Carer's name(s):

Home address:

Postcode:

Telephone number:

Date of Birth:

Age: Sex: M F **Your Details**

First Name:

Surname:

Position:

Club:

Home address:

Postcode:

Telephone number:

Incident Details

Date and time of incident:

Are you reporting your own concerns or responding to the concerns raised by someone else?

Reporting my own concerns Responding to the concerns raised by someone else

If responding to concerns raised by someone else please provide their name and position within the Club:

Name:

Position:

British Orienteering Incident Report - Cont

Incident Details

Please provide details of the incident or concerns you have, including dates, time and venue:

Please detail exactly what was said, if your concerns are the result of a child speaking to you, include date, time and venue:

Have you spoken to the parents? Yes No

If yes please provide details of what was said:

Have you spoken to the child? Yes No

If yes please provide details of what was said:

Have you spoken to the person the allegations are being made against?

Yes No

If yes please provide details of what was said:

Please provide details of further action taken to date:

Please continue onto a separate sheet if necessary.

Have you informed the statutory authorities?
contact number:

Please provide the name of the person and his/her

Social Services Yes No

Police Yes No

Your signature:

Print name:

Date:

Time:

Please return to: British Orienteering Lead Child Welfare Officer 8a Stancliffe House, Whitworth Road, Darley Dale, Matlock, DE4 2HJ

British Orienteering Parental Consent Form

To be completed for all young people engaged in orienteering for each season and for any additional activities which may be held at a different venue to that of their 'home' Club.

Name of Club:

Child's First Name:

Child's Surname:

Parents/Carer's name(s):

Home address:

Postcode:

Telephone number:

Date of Birth:

Age:

Sex: M F

Details of activity (dates/times/season/location):

Emergency Contact Information

Emergency contact name:

Emergency contact number:

Alternative contact name:

Alternative contact number:

My child's Doctor's name and contact number:

British Orienteering Parental Consent - Cont Medical Information

1. Does your child experience any conditions requiring medical treatment and/or medication?

Yes No If yes please provide details:

2. Does your child have any allergies?

Yes No If yes please provide details:

3. Does your child have any specific dietary requirements?

Yes No If yes please provide details:

4. Please provide any further information you feel is necessary:

- I have received comprehensive details of the above activity and am aware of the *British Orienteering's Child Welfare Policy and Procedures*.
- I consent to my child taking part in the activities detailed. I acknowledged that the Club will be liable in the event of any accident only if they have failed to take reasonable steps in their duty of care for my child during the activities.
- I agree to be at the drop-off/pick-up point at the agreed time.
- I confirm to the best of my knowledge that my child does not knowingly suffer from any medical condition other than those detailed above.
- I consent to my child receiving medical treatment which in the opinion of a qualified medical practitioner may be necessary.

Parent/Carer's signature:

Print name:

Date:

This form or a copy of it MUST be taken by the person in charge of the activity

Use of Photographs and Recorded images

British Orienteering Parental/Carer and Young Person Consent Form

This form is to be signed by the Legal Guardian of a young person under the age of 18, together with the young person. It provides permission for images of the young person to be used. Please note that if you have more than one child under the age of 18 registered with the Club you will need to complete a separate form for each young person.

.....(club/organisation) recognises the need to ensure the welfare and safety of all young people in orienteering. As part of our commitment to ensure the safety of young people we will not permit photographs, video images or other images of young people to be taken or used without the consent of the parents/carers and the young person.

The..... (Club/Organisation) will follow the guidance for the use of images of young people, as detailed within the *British Orienteering Child Protection Policy and Procedures*.

The..... (Club/Organisation) will take steps to ensure these images are used solely for the purposes they are intended, which is the promotion and celebration of the activities of(Club/organisation).

If you become aware that these images are being used inappropriately, you should inform the Club Welfare Officer immediately.

The information will be available on the Club website or on <http://.....>

If at any time either the parent/carers or the young person wishes the data to be removed from the website, 7 days' notice must be given to the Club Welfare Officer after which the data will be removed.

To be completed by parent/carers

To be completed by the young person (if 12 years or older)

I
(Parent/Carer full name) consent/do not consent *

I
(name of young person) consent/do not consent *

.....
(club/organisation) photographing or videoing

.....
(club/organisation) photographing or videoing my involvement in Orienteering under the stated rules and conditions.

Name
(name of young person) under the stated rules and conditions and I confirm I have legal parental responsibility for this child and am entitled to give this consent. I also confirm that there are no restrictions related to taking photos.

Signature:

Signature:

Date:
.....

Date:
.....

Print name:
.....

Print name:
.....

* Delete as appropriate

* Delete as appropriate

Taking images of children at an Orienteering Event

British Orienteering Registration Form

This form should be completed by anyone taking photographs or recording images at an event

Name:

Address:

Post code:

Home Telephone:

Mobile:

E-mail address:

Event:

Venue:

Date/s:

I wish to take photographs or record images at this event. I agree to abide by the Event Organisers' guidelines and confirm that the photographs or recorded images will only be used appropriately.

Signed:

Print name:

Date:

Please complete and return to the Event Organiser.