

Surf Life Saving Association of Wales –
Appendix 24 - Live Members Only – DBS Application Form – v22

- I am aware that a condition of having a DBS check with SLSAW is that **I hold live membership with my club or SLSA Wales** which gives me the required insurance cover.
- I am aware that as a member I am required to abide by the SLSAW safeguarding Principles and on registering my membership I have confirmed that I have read and understood the Coaches Members and Volunteers Code of Conduct, the Parents Code of Conduct, the Youth Code of Conduct, the Social Media Policy and the Anti Bullying Policy which can be found on the SLSA Wales site.
- I am aware that when I apply for a DBS check I am agreeing to abide by and will familiarise myself with the SLSA Wales safeguarding tab on the website. See link here [Resources \(slsawales.org.uk\)](http://Resources(slsawales.org.uk))
- I am aware that the condition of having a DBS check done through SLSA Wales is that I give permission for the Lead Safeguarding Officer to register my DBS certificate details with the DBS Update Service.
- I also give my consent to having my DBS status checked annually via the online update service instead of re applying for a DBS check annually and that I will be required to agree on the last page of this form.
- I am aware that it is my responsibility to inform my club if I leave regulated activity and no longer require annual DBS status checks.
- I give permission for SLSA Wales to hold details of my DBS check on the SLSA Wales DBS database

Please sign if in agreement to all of the above. If no signature is present then the DBS application will not be submitted	Signature:	
Have you completed a Safeguarding and Protecting Children in a sports setting course previously? If yes please provide a copy of your	YES – date of Course	NO

Please tick your volunteer club role in your club					
Safeguarding Officer	<input type="checkbox"/>	Team Manager	<input type="checkbox"/>	First time check	<input type="checkbox"/>
Coach	<input type="checkbox"/>	Assessor	<input type="checkbox"/>	Re-check	<input type="checkbox"/>
Asst. Coach	<input type="checkbox"/>	* NIPPER / JUNIOR CAMP Select A - If you don't wish to continue in regulated activity (see below) after camp with our 18 and under members, I won't register you on the Update Service. This is for those that are in continuous regular contact with our 18 and under members and so require annual DBS status checks. Select B - If continuing in regulated activity after camp and want to be registered on Update Service			
Club volunteer – please detail *	<input type="checkbox"/>				
Official	<input type="checkbox"/>				
Surf Club Instructor	<input type="checkbox"/>				
IRB / Powercraft	<input type="checkbox"/>				
(A) One off check for camp and not continuing in regulated activity	<input type="checkbox"/>				
(B) Applying for camp and continuing in regulated activity	<input type="checkbox"/>				

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Does your role in the club fall under regulated activity? YES NO
Types of activities are - teaching, training, instructing, and caring for, supervision, advice and guidance on well-being or transport specifically for children?

Regularly – once or more a week, 4 or more occasions in a period of 30 days, overnight between 2 – 6am e.g. for away competitions, Nipper / Junior camp etc.?

Excluded fully supervised volunteers.

Update registration will be completed for you and details sent to your given email address once completed including Update Service account number which you will need to keep safe. If you no longer require a DBS with SLSAW then it is **your responsibility** to let us know not to undertake annual update checks that we have no requirement to do.

To receive annual update notifications, it is **your responsibility** to keep your e-mail address with DBS Update Service up to date and notify them of any changes.

Please tick to say you have read and understood YES NO

Declaration by Applicant

By completing this document, I confirm that the information is complete and true and understand that knowingly to make a false statement for this purpose is a criminal offence.

I have submitted my I.D. documents for verification to my club Safeguarding Officer prior to my DBS check being sent to the Lead Safeguarding Officer.

In order to comply with the DBS ID validation process you must ensure sufficient identity documents have been checked. For more information about this process, please visit

[Documents you need for a criminal record check: You're from the UK or the European Economic Area - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Name in full:

Date:

Safeguarding Officers

It is the SO's responsibility to ensure that this form is checked in full to ensure that all relevant information is gathered and the form is completed correctly for the application to be processed following DBS checking guidelines.

It is the SO's responsibility to verify all **original I.D.** documents to ensure that they comply with the DBS I.D. verification guidance and to note below what documents have been checked. By submitting this form for application on behalf of a member you are agreeing and complying with these principles.

[ID checking guidelines for standard/enhanced DBS check applications from 1 July 2021 - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Name in full:

Date:

The applicant must be able to show one document from Group 1 and 2 documents from either Group 1 Groups 2a or 2 b

* 3 months		✓
** Denotes must have been issued within last 12 months		
Birth Certificate – Group 1	Utility bills (not mobile phone bill) Group 2b *	
Drivers license / provisional) Group 1	Bank statement – Group 2b *	
Adoption certificate – Group 1	Mortgage statement – Group 2b **	
Passport – Group 1	Credit card statement / Building society – Group 2b *	
A Marriage certificate – Group 2a	P45 / P60 – Group 2b **	
Appendix 25 - DBS List of Acceptable Identification.pdf (slsawales.org.uk)		

Cymdeithas Achub Bywyd o'r Môr Cymru

Surf Life Saving Association of Wales

If you are completing this form by hand, If I Can't Read It – I Can't Process It

Club name -	
MIS number – your club membership number	

Members are advised that unless they hold membership of their respective clubs or direct with SLSAW, they do not have the required full public liability or personal accident cover.

Please re-apply once your membership is live on the SLSAW Tah Dah system

Title		
Surname		
Forename and must include any middle names		
Date of Birth I understand that if I am under 18 years of age, I will be required to complete the Safeguarding & Protecting Child 16 - 18 course prior to working with our under 18 year old members unsupervised.	DOB	
	Yes	No
Gender		
Have you been known by any other names? If you have indicated Mrs or Ms please provide details of any previous names you have held or write no previous names		
If yes		
Surname		
Forename		
Dates from and to MM-YYYY to MM-YYYY		
Surname		
Forename		
Dates from and to MM-YYYY to MM-YYYY		
Have you had any other surnames? Y/N		
Have you had any other forenames? Y/N		

Place of Birth (town)	
Place of Birth (country or county)	
e-mail address - Needed for registration with Update Service and to receive annual updates.	Please ensure that you write your email clearly below Make clear if _ or a –
Contact telephone no: PLEASE COMPLETE	
Do you have a national insurance number? Application cannot be completed without this – Must be in the format of AB 123456 C	

Cymdeithas Achub Bywyd o'r Môr Cymru

Surf Life Saving Association of Wales

Driving license Number If yes please insert that license number – 18 digits in total	
Do you hold a valid passport? If yes please insert passport number	
Nationality	
County/ country of issue as noted on your birth certificate	

Current address - This is the address to which your certificate will be sent	
Town / City	
County	
UK Postcode	
At address since – MM-YYYY Please use this date format only	

Other addresses - You must provide all other addresses that you have lived in **in the last 5 years**. There must be **no gaps in dates**, however overlapping dates are acceptable.

Address 2	
Town / city	
County	
UK postcode	
At address since – Please provide the full dates as shown right.	MM-YYYY TO MM-YYYY

Address 3	
Town / city	
County	
UK postcode	
At address since – Please provide the full dates as shown right.	MM-YYYY TO MM-YYYY

Have you lived at any other address in the last 5 years? Y/N Please use last page of this form to give details	
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Do you have any convictions, cautions, reprimands or final warnings, which would not be filtered in line with current guidance? For more information regarding the filtering rules of a criminal record please visit https://www.gov.uk/government/collections/dbs-filtering-guidance	Yes	No
Declaration by Applicant	Yes	No
I confirm that the information I have provided in support of this application is complete and true and understand that knowingly to make a false statement for this purpose is a criminal offence.		
Consent of Applicant to DBS	Yes	No
I consent to the DBS checking the details I have provided in support of this application against the data sources specified, in order to verify my identity and process this application. These details may be recorded and used to assist other organisations for identity verification purposes, such as the Home Office and other associated public bodies.		
Privacy Acknowledgement	Yes	No
I have read the Standard/Enhanced Check Privacy Policy for applicants https://www.gov.uk/government/publications/dbs-privacy-policies and I understand how DBS will process my personal data and the options available to me for submitting an application.		
Electronic Results	Yes	No
I consent to the DBS providing an electronic result directly to the Registered Body that has submitted my application. I understand that an electronic result contains a message that indicates either the certificate is blank or to await certificate which will indicate that my certificate contains information. In some cases ,the Registered Body may provide this information directly to my employer prior to me receiving my certificate.		
Consent of Applicant (DBS Update Service)	Yes	No
I consent and understand that as part of my recruitment process or in order to ensure my continued suitability for the role, my employer may request for my DBS certificate to be subscribed to the DBS Update Service allowing regular checks to be made against the certificate ensuring the information remains up to date and accurate. I understand this will be made on my behalf via the Registered Body processing this DBS application or an organisation appointed by the Registered Body to act on its behalf.		

Thank you for completing this form for a DBS check.

This form will now be sent to the Lead safeguarding Officer for processing and you will receive confirmation that your application has been completed via email, along with details of registration with the Update Service. Please ensure you let us know of any changes in email as notification will be sent to the email you provided on this form. The email provided on the form will also be the email sent to subscribe to the Update Service.

Your paper copy of your DBS check will arrive in the post to the current address you provided on the form

Version controlled 12/5/24 v.22 J Wisden



Address 4			
Town / city			
County			
UK postcode			
At address since – Please provide the full dates as shown right.	MM-YYYY	TO	MM-YYYY
Have you lived at any other address in the last 5 years? Y/N			

