Logo, company name

Description automatically generatedTo coach in a Welsh Boxing affiliated club you are

required to supply or apply for an Enhanced DBS check.

If you have an Enhanced DBS certificate that you can share with the team, please send a copy of the whole document to us together with part 3 of the form. Email to : Rachel.sansom@welshboxing.org

Or a DBS will need to be completed. This service is provided free of charge for Welsh Boxing members. You will need to complete the following form and send in the requested documents.

To begin the application, please mark the answers below:

**Consent of Applicant to DBS:**

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.

   Yes         No

**Privacy Acknowledgement:**

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.

   Yes         No

**Electronic Results:**

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. I understand if I do not consent to an electronic result being issued to the registered body submitting my application that I must not proceed with this application and I should submit a paper application form. I understand that to withdraw my consent whilst my application is in progress I must contact the DBS helpline 03000 200 190. My application will then be withdrawn.

   Yes         No

**Consent of Applicant (DBS Update Service):**

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.

   Yes         No

**FOR THE DBS APPLICATION:** Please complete each section:

**Legal** First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth gender: MALE FEMALE

*Have you ever been known by a different first or last name? If yes, please confirm below:*

First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of change: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lived here from:\_(MM/YY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to: PRESENT DAY

Have you lived anywhere else in the last five year? Please add at the end of the form.

Contact telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any previous criminal convictions? (Please tick) Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Town and country of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOU MUST FILL IN ONE OF THE FOLLOWING and supply a photograph or photocopy of the document:**

**Passport Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Passport Issue Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

OR

Driving Licence Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issue Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For the ID Badge:**

Preferred Name (for the badge) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Attach a colour portrait photograph.***

***Clear image of head & shoulders.***

***Or take on a phone and send via email using high resolution.***

Club \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Qualification (please circle)

CLUB COACH LEADERS FULL COACH ASSISTANT COACH

Date of qualification \_\_\_\_\_\_\_\_\_\_\_\_\_

Please email the form to: rachel.sansom@welshboxing.org

Or you can post the form to: Welsh Boxing, Sport Wales National Centre, Cardiff, CF11 9SW**.**