TEMPLATE 4

Date



Role Acceptance Form

Dear		
Hocke	y Club Role Acceptance	Form
We are delighted that you hav with		the role of
high standards in line with	role is offered subject to	egates and officials are encouraged to work to Hockey Club's policies and recognised best o all the necessary checks being completed to
you are required to have read	thoroughly. Should you	Form, together with a number of documents have any questions on any of the areas so that your query can be
Please indicate your acceptant copy to	· ·	ting the sections below and returning one pecific date.
We look forward to welcoming	g you to	Hockey Club.
Yours sincerely		



NAME:	
I confirm that I accept the role of and have following policies of Hockey Club and will ensure that and policies at all times.	read and understood the ladhere to these codes
The policies I confirm having received and read are:	
 England Hockey's Code of Ethics and Behaviour England Hockey's Safeguarding & Protecting Young People in Hocket England Hockey's Equality Policy Safety Procedures (facility specific details) Hockey Club Specific Documents / guidance 	
The following section needs completing if the role involves working with	young people:
If the role you are in or are accepting involves frequent or regular contact children you will also be required to provide a valid DBS (Disclosure and E which will provide details of criminal convictions; this may also include depending on the nature of the role (see England Hockey guidance about e	Barring Service) certificate ude a Barring List checl
For completion by the individual (named above)	
Have you ever been known to any Children's Services department or Police as being a risk or potential risk to children?	YES / NO (if Yes, provide information below):
Have you been the subject of any disciplinary investigation and/or sanction by any organisation due to concerns about your behaviour towards children?	YES / NO (if Yes, provide information below):
Confirmation of Declaration (tick boxes below)	
I agree that the information provided here may be processed in connection recruitment purposes and I understand that an offer of work (voluntary or may be withdrawn or disciplinary action may be taken if information is not disclosed by me and subsequently come to the organisation's attention.	paid)



In accordance with the organisation's procedures if required I agree to provide a valid DBS certificate and consent to the organisation clarifying any information provided on the disclosure with the agencies providing it.	
I agree to inform the organisation within 24 hours if I am subsequently investigated by any agency or organisation in relation to concerns about my behaviour towards children or young people.	
I understand that the information contained on this form, the results of the DBS check and information supplied by third parties may be supplied by the organisation to other persons or organisations in circumstances where this is considered necessary to safeguard children.	
considered necessary to safeguard children.	

Signature:	
Print name:	
Date:	