



## **Application Form for New Leaders**

VOLUNTEER / COACH APPLICATION FORM FOR THOSE WITH SUBSTANTIAL ACCESS TO CHILDREN AND THOSE WHO SUPERVISE/MANAGE THOSE WITH SUBSTANTIAL ACCESS TO CHILDREN

All information received in this form will be treated confidentially

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
(If applicable)

Address: \_\_\_\_\_ Previous Address over the last 5 years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_  
List any address outside of NI on additional sheet (Northern Ireland only)  
Place of birth (Town/City) \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ DOB: \_\_\_\_\_

NI Number (N.I only): \_\_\_\_\_

Previous work/voluntary experience & relevant qualifications:

Do you agree to abide by the IHA's Code of Conduct (copy included with this form)? Yes No

Have you ever been asked to leave any organisation working with children or young people in the past? (if you have answered yes we will contact you in confidence) Yes No

Is there any reason why you may be considered unsuitable to work with children?  
Yes No

Any other relevant information?

Please supply the names of two responsible people whom we can contact and who from personal knowledge are willing to endorse your application. If you have had a previous involvement in a sports club one of these names should be that of an administrator / leader in your last club / place of involvement.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

Tel: \_\_\_\_\_ Tel: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

**LISNAGARVEY HOCKEY CLUB  
CHILD WELFARE AND PROTECTION POLICY**



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FOR OFFICIAL USE ONLY:

Date application received: \_\_\_\_\_ Date of interview: \_\_\_\_\_  
Interviewed by: 1. \_\_\_\_\_ 2:- \_\_\_\_\_  
References received and are satisfactory: Yes No  
Comments: \_\_\_\_\_  
\_\_\_\_\_

Statutory check completed & returned (if appropriate): Yes No  
N/A  
Proof of applicant's identification received: Yes No  
Identification type: \_\_\_\_\_  
Recommendation: Approved Reasons Not approved Reasons

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_