

**ST. ALBANS CITY YOUTH F.C.
F.A. Child Protection Procedures
and Practices Handbook**

Designated Club Child Protection Officer

Ian Woods
29 Nuns Lane
St Albans
AL1 2HS

Tel 01727 857458

OTHER USEFUL NUMBERS

***THE FOOTBALL ASSOCIATION / NSPCC
CHILD PROTECTION HELPLINE***

0808 800 5000

FOR DEAF USERS

TEXTPHONE

0800056 0566

The following forms are to be used while a full CRB Check is carried out:

Personal Disclosure Form

Application Form

Volunteer Reference Form

Parental Consent for Football Activities Form

The Football Association Child Protection Referral Form

THE FOOTBALL ASSOCIATION PERSONAL DISCLOSURE FORM

You have a right of access to information held on you and other rights under the Data Protection Act 1984

Part A

Title: _____

First Name: _____

Surname: _____

Any previous names by which you may have been known
(including first names, surnames and maiden names):

Address: _____

Postcode: _____

Telephone (include national code): Daytime: _____ Evening: _____

E-Mail Address: _____

NB. Post Code MUST be completed

Date of Birth: _____

Gender: M F

Please tick as appropriate

Current Club(s)	Position (*Please delete as appropriate)	Start Date
	Coach/Helper/Team manager/Chaperon/Other*	
	Coach/Helper/Team manager/Chaperon/Other*	
	Coach/Helper/Team manager/Chaperon/Other*	

Previous Club(s)	County	Date from	Date to	Reason for moving on

I confirm that I have seen identification documents relating to this person e.g. passport, driving licence. Signature of Club Secretary or other designated officer:

Print Name:

Part B

Self Declaration (for completion by the individual named in Part A)

Have you ever been convicted of any criminal offences? (excluding motoring offences) 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 Rehabilitation of Offenders Act 1974 (Exceptions Amendment) Order 1986 you should declare all convictions including 'spent' convictions.*

Are you a person who has been investigated by any Social Services department as being an actual or potential risk to children or young people? YES/NO*

If YES, please supply details:

Have you had an F.A. disciplinary sanction relating to child abuse? YES/NO*

If YES, please supply details:

*Delete as appropriate

IMPORTANT

*I have read and understood the information leaflet regarding The F.A. Child Protection List.
I hereby consent to The Football Association undertaking police and/or Social Services checks against me.
I understand that the information contained on this form, the results of police and Social Services checks and information supplied by third parties, will be included on The F.A. Child Protection List, may be notified to my club and may be supplied by The Football Association to other persons or organisations who have an interest in child protection issues.*

Please put a cross in this box if you do not wish to receive any other Football related information

Signed by the above named individual: _____ Date: _____

This form should be returned **DIRECT** to:

The Head of Education and Child Protection

The Football Association

Lilleshall Hall NSC

Near Newport

Shropshire TF10 9AT

This form is being adapted in line with the opportunities for criminal checks being developed through the Criminal Records Bureau. The form is being adapted and developed by The Football Association for members of FACA, Referees, Medics and other personnel who by nature of the role they fulfill within football have direct access to children and young players.

APPLICATION FORM

Position Applied for: _____

Reasons for Applying: _____

Surname and Title (*Mr, Mrs, Ms, Miss, etc*) _____

First Names: _____

Former First Names & Surnames (including maiden name):

Date of Birth: _____

Present Address: _____

Postcode: _____

Telephone Numbers (inc. national code)

Daytime: _____ Evening: _____

Fax: _____ Fax: _____

E-mail: _____ E-mail: _____

Mobile: _____ Mobile: _____

Former Address: (if moved within the last three years)

_____ Postcode: _____

Current Occupation: _____

Job Title: _____

Name of Organisation: _____

Organisation Address: _____

_____ Postcode: _____

Telephone Number of Organisation: _____

Previous Voluntary Work

Name of Organisation: _____

Start Date: _____ Finish Date: _____

State Reasons for Leaving: _____

Relevant Experience: _____

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

Qualifications

Academic/Vocational: _____

Sporting: _____

National Insurance Number: _____

Are you a Member of The F.A. Coaches Association?

Yes No If Yes – Membership No: _____

Name and Address of two people who know you well (but are not related to you) who have knowledge of your working with children whom we can contact for a reference:

1. Name: _____
Address: _____

Tel Number: _____
2. Name: _____
Address: _____

Tel Number: _____
Print Name: _____
Signed: _____
Date: _____

VOLUNTEER REFERENCE FORM

_____ has expressed an interest in being a volunteer and has given your name as a referee. This post involves substantial access to children. As an organisation committed to the welfare and protection of children, we are obviously anxious to know whether you would have any reason at all to be concerned about the applicant being in contact with children or young people.

Would you consider the above named person poses any risk to the welfare of children or young people?

Yes **No** (If answered Yes, we will contact you in confidence)

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

(1) How long have you known this person? _____

(2) In what capacity? _____

(3) What attributes does this person have that would make them a suitable volunteer?

(4) How would you describe their personality?

(5) Please rate this person on the following (please tick ✓ one box for each statement):

	Poor	Good	Excellent
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can Motivate Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustworthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coaching / Administration Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(6) Is there anything else you feel we should know about this person?

Print Name: _____

Signed: _____ **Date:** _____

Position: _____ **Organisation:** _____

Adapted from "Our Duty of Care" published by Child Care N.I. (1992)

NB All information of a personal and confidential nature should be held in line with data protection regulations

PARENTAL CONSENT FOR FOOTBALL ACTIVITIES

FOOTBALL ORGANISATION: _____

1. Details of football activity: _____

From: _____ Date/Time: _____ To: _____ Date/Time: _____

I agree to _____ (name)

taking part in this activity. I agree

to _____ 's participation in the activities described. I acknowledge the need for _____ to behave responsibly.

2. Medical information about your child

a. Any conditions requiring medical treatment, including medication? YES/NO

If YES, please give brief details:

b. Please outline any special dietary requirements of your child and the type of pain/flu relief medication your child may be given if necessary.

For residential visits and exchanges only

c. To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? YES/NO

If YES, please give brief details:

d. Is your son/daughter allergic to any medication? YES/NO

If YES. please specify:

e. When did your son/daughter last have a tetanus injection?

I will inform the person in charge as soon as possible of any changes in the medical or other circumstances between now and the commencement of the activity.

3. Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Emergency contact: _____

Contact telephone numbers (inc national codes):

Work: _____ Work Mobile: _____

Home: _____ Home Mobile: _____

Home Address: _____

Alternative emergency contact: _____

Work: _____ Work Mobile: _____

Home: _____ Home Mobile: _____

Address: _____

Name of family doctor: _____ Telephone No: _____

Address: _____

Signed: _____ Date: _____

Full name (capitals): _____

THIS FORM OR A COPY MUST BE TAKEN BY THE PERSON IN CHARGE TO THE ACTIVITY.

THE FOOTBALL ASSOCIATION CHILD PROTECTION REFERRAL FORM

Your Name: _____

Your Position: _____

Your knowledge of and relationship to the child/young person/vulnerable adult:

Child's/young person's/vulnerable adult's name: _____

Child's/young person's/vulnerable adult's address: _____

Child's/young person's/vulnerable adult's date of birth: _____

Date(s), time(s) and location(s) of any incident(s): _____

Nature of the concern/allegation: _____

Observation made by you or to you (e.g. description of visible bruising, other injuries, child's or young person's emotional state etc):

NB Make a clear distinction between what is fact, opinion or hearsay)

Exactly what the child/young people/vulnerable adult said and what you said (Remember, do not lead the child or young person – record actual details. Continue on separate sheet if necessary):

Actions taken so far: _____

External agencies contacted (date and time):

Police

YES/NO If yes – which: _____
Name and contact number: _____
Details of advice received: _____

Social Services

YES/NO If yes – which: _____
Name and contact number: _____
Details of advice received: _____

The Football Association

YES/NO If yes – which: _____
Name and contact number: _____
Details of advice received: _____

Local Authority

YES/NO If yes – which: _____
Name and contact number: _____
Details of advice received: _____

Other (e.g. NSPCC)

Which: _____
Name and contact number: _____
Details of advice received: _____

Print Name: _____

Signed: _____ Date: _____

If this incident has been reported to Social Services a copy of this form must be sent to Social Services within 24 hours of the telephone report.

Remember to maintain confidentiality on a need to know basis – only share it if it will protect the child. Do not discuss this incident with anyone other than those who need to know.

If this incident involves a person who is involved in football in any capacity then a copy of this form must be sent to The F.A. Child Protection Administrator.

NB All information of a personal and confidential nature should be held in line with data protection regulations.