

**The British Wrestling Association
Limited**

**CHILD PROTECTION POLICY
IMPLEMENTATION & PROCEDURE
TEMPLATES - July 2005**

(Website Copy)

**BWA Administration
12, Westwood Lane
CHESTERFIELD
S43 1PA**

**Tel/Fax: 01246-236443
Website: www.britishwrestling.org**

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**TEMPLATE ONE
SELF DISCLOSURE FORM**

To be completed by all individuals in British Wrestling who have not been required to complete a CRB Disclosure form. ***You have the right of access to information held on you and other rights under the Data Protection Act 1984***

Part A

Surname and title (Mr/Mrs/Ms/Miss):.....

Any first name, surname or maiden name previously known by.....

First name(s).....

Present address (**inc Postcode**).....

.....

Telephone Number(s).....

E-mail address:.....

Date of Birth:.....

N I Number:.....

Gender: M / F

Current Wrestling Club/s or other sports club:.....

Position/s Held:.....

Start Date:.....

Coach Qualification and BWA Membership Number:.....

Course Date:.....

Details of Other Qualifications Held:.....

Previous Wrestling Club/s or other sports club:.....

Start Date:.....

Leave Date:.....

Positions/s Held.....

I confirm that I have seen identification documents relating to this person, and I confirm to the best of my ability that these are accurate. Please detail which documents:

Signature of Club Secretary or Club Welfare Officer.....

Print Name:.....

Date:.....

Part B

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

Have you ever been convicted of any criminal 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, cautions, warnings or reprimands.

Are you a person known to any Social Services department as being actual or potential risk to children? YES / NO

If YES, please supply details:.....

.....
.....

Have you had a disciplinary sanction (from a sports or other organisations governing body) relating to child abuse? YES / NO

If YES, please supply details:.....

.....

IMPORTANT

I hereby consent to agents of British Wrestling 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, may be notified to my club/organisation and maybe supplied by the British Wrestling Association to other persons or organisations who have an interest in child protection issues.

I agree to abide by the British Wrestling Association's Code of Conduct and Ethics.

Signed by the above named individual:.....

Print Name:.....

Date:.....

This form (Part A and Part B) should be returned DIRECT to:

The British Wrestling Lead Child Protection Officer, 12 Westwood Lane, Brimington, Chesterfield, Derbyshire, S43 1PA

**TEMPLATE TWO
APPLICATION FORM
Confidential**

Position applied for:.....

Surname:.....

First name(s):.....

Address:.....

.....

Postcode:.....

Telephone Number(s):.....

CURRENT/MOST RECENT EMPLOYMENT

Employer:.....

Position:.....

Dates of employment:.....

Duties of employment:.....

.....

.....

PREVIOUS EMPLOYMENT

Employer:.....

Position:.....

Dates of employment:.....

Duties of employment:.....

.....

.....

Employer:.....

Position:.....

Dates of employment:.....

Duties of employment:.....

.....

.....

QUALIFICATIONS

Academic/school (not essential for those applying to voluntary posts to complete):.....

.....
.....

Coaching Qualifications/Experience:

.....
.....
.....

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

.....
.....
.....

Reason for applying:.....

.....
.....

DATA PROTECTION NOTICE

By signing this form you are providing your explicit consent to *(insert club name)* _____ processing personal data in connection with all matters relating to your application for employment/appointment. Details contained on this form will be limited to those directly involved in the selection process. All records relating to recruitment are retained by *(insert club representative)* _____, in order to fulfil legal responsibilities under Data Protection legislation.

I declare that the information provided on this form is, to the best of my knowledge correct, true and complete.

I agree to abide by the British Wrestling Association Code of Conduct and Ethics.

Signed:.....

Date:.....

PLEASE NOTE APPLICANTS MUST ALSO COMPLETE A CRB DISCLOSURE APPLICATION FORM OR SELF DISCLOSURE FORM AS DIRECTED

IT IS THE POLICY OF THE ORGANISATION TO OBTAIN TWO REFERENCES FROM SUCCESSFUL CANDIDATES

**TEMPLATE THREE
REFERENCE FORM**

Confidential

The following applicant _____ has been offered the position of _____ subject to receipt of satisfactory references and CRB Disclosure. The post involves substantial access to children.

As an organisation committed to the welfare of and protection of children, we are anxious to know if there is any reason at all to be concerned about this applicant being in contact with children or young people.

All information will be treated with due confidentiality and in accordance with relevant legislation and guidance. We would appreciate you being extremely candid, open and honest in your evaluation of this person.

How long have you known this person and in what capacity?.....

.....
.....

What attributes does this applicant have that would make them suited to this work?.....

.....
.....

Based on your knowledge of the applicant, please indicate their ability across the following criteria (please circle):

Responsibility POOR
SATISFACTORY
GOOD
EXCELLENT

Maturity POOR
SATISFACTORY
GOOD
EXCELLENT

Self motivation POOR
SATISFACTORY
GOOD
EXCELLENT

Can motivate others POOR
SATISFACTORY
GOOD
EXCELLENT

Energy POOR
SATISFACTORY
GOOD
EXCELLENT

Trustworthiness POOR
SATISFACTORY
GOOD
EXCELLENT

Reliability POOR
SATISFACTORY
GOOD
EXCELLENT

If you have any concern about the applicants suitability to work with young people, please detail below:

.....
.....

Signed:.....

Dated:.....

Print name:.....

Position:.....

Organisation:.....

.....
.....
External agencies contacted (date & 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:.....
.....
.....

British Wrestling Association: YES / NO

If YES – Name and contact number:.....

Details of advice received:.....
.....
.....

Other: (e.g. NSPCC, Local Authority)

Which:.....

Name and contact number:.....

Details of advice received:.....
.....
.....

Signature:.....

Print name:.....

Date:.....

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

N.B. A copy of this form should be sent to Social Services following a telephone report and to the BWA Child Protection Officer, 12 Westwood Lane, Chesterfield, Derbyshire S43 1PA

**TEMPLATE FIVE
PARENTAL CONSENT FOR BRITISH WRESTLING ACTIVITIES**

1. Details of British Wrestling Activity:.....

.....

From (Date & Time):.....

To (Date & Time):.....

I agree to (name of child).....
taking part in this activity. I agree to him/her* taking part in the activities described. I
acknowledge the need for him/her* 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 the above named child 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 the above named child allergic to any medication? YES/NO

If YES, please specify:.....

e. When did the above named child last have a tetanus injection?.....

.....

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

3. Declaration

I agree to (name of child).....
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):

Home:.....

Work:.....

Mobile:.....

Home address:.....

.....

.....

Alternative emergency contact:.....

Contact telephone numbers (inc. national codes):

Home:.....

Work:.....

Mobile:.....

Home address:.....

.....

.....

Name of family doctor:.....

Address:.....

.....

Telephone No:.....

Signed:.....

Full name (capitals):.....

Relationship to child:.....

Date:.....

**THIS FORM OR A COPY MUST BE TAKEN BY THE PERSON IN CHARGE TO THE
ACTIVITY.
A COPY SHOULD BE RETAINED BY THE SECRETARY CLUB/ORGANISATION**

**TEMPLATE SIX
ACCIDENT REPORT FORM**

1. Site where incident/accident took place:.....

.....

2. Name of person in charge of session/competition:.....

3. Name of injured person:.....

4. Address of injured person:.....

.....

5. Date and time of incident/accident:.....

6. Nature of incident/accident:.....

7. Give details of how and precisely where the incident/accident took place. Describe what activity was taking place e.g. training, competition, getting changed etc;

.....

.....

.....

8. Give full details of the action taken including any first aid treatment and the name(s) of the first aider(s):

.....

.....

9. Were any of the following contacted:

Police: YES/NO*

Ambulance: YES/NO*

Parent: YES/NO*

10. What happened to the injured person following the incident/accident? (e.g. went home, carried on, went to hospital)

.....

.....

11. All of the above facts are a true and accurate record of the incident/accident.

Signed:.....

Full name (capitals).....

Date:.....

ORIGINAL FORM TO BE SENT TO BWA ADMINISTRATION -COPY TO BE RETAINED BY CLUB/ORGANISATION

TEMPLATE SEVEN

Photography and Video Consent Form

Season Ticket*

1st January to 31st December

Day Ticket*

** Please circle as appropriate*

Name of child/young person: _____

BWA Membership Number: _____

Address: _____

Post Code: _____ Tel: _____

- I consent to the taking of photographs/film/video by BWA approved photographers at the above event*
- I do not consent to the taking of photographs/film/video by BWA approved photographers at the above event*
** Delete as appropriate*

Signed (Parent/Guardian) _____

Date: _____

Please return this form to: BWA Administrator, 12 Westwood Lane, Chesterfield, Derbyshire S43 1PA

TEMPLATE EIGHT

Event Registration Form

Season Ticket*

1st January to 31st December

Day Ticket*

** Please circle as appropriate*

The British Wrestling Association's Child Protection Policy requires that any person wishing to engage in photography, filming or videoing at any event, must register their interest with the BWA/Event Organiser.

Please complete the following information and forward it in the case of a season ticket to the BWA or in the case of a day ticket to the Event Organiser together with two passport-sized photographs.

Name of applicant: _____

Address: _____

Post Code: _____

Tel: _____

I wish to take photographs/film/video during the course of the above season/event*. I agree to abide by the guidelines laid down by British Wrestling and confirm that the photographs/film/video will only be used in an appropriate manner.

Please describe below how photographs/film/video will be used:

I acknowledge that if it is deemed that any photographs/film/video are used inappropriately this may result in me being unable to use photographic/video equipment at any wrestling event in the future.

Signed by the applicant: _____

Date: _____