GETTING TIVED?

Occasional Helper (OH) and CRB Form (England and Wales)

Version 3 - November 2010

You must

- Use **CAPITAL LETTERS** when completing the form.
- All sections marked as MANDATORY (in yellow) are mandatory for the CRB application. If you do not complete these sections, your form will be returned unprocessed and this will delay your application.
- You will also need to complete the white sections, where possible, for Scouting purposes.
- Write clearly and insert only one character in each box.
- Mark choices in the box with a cross (X).

Personal details																					
Membership No. (if ap	plicable)										Date	of jo	oinin	g	D	D	M	M	Y	Υ	
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Known as																					
Middle name																					
Surname																					
Email																					
Telephone (daytime)						Tele	epho	ne (e	eveni	ing)											
Honours																					



Additional personal details for CRB application (continued)																													
Forenames																													
Surname																													
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Applicant	decl	arat	ion																										
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b) have not been convicted of any other offence(s) or subject to disciplinary proceedings relevant to the role I am undertaking in Scouting;

Personal details (continued)																													
Occupation typ	oe																												
Occupation de	tail																												
Special needs/o	pecial needs/disability (attach additional information if appropriate)														I am a UK taxpayer and would like The Scout Association to treat all														
															donations that I have made in the past six years and all future donations that I make from the date of this declaration as Gift Aid donations.* *You must pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6														
														Apri	l one	year t	o 5 A		e next) that	is at le	east e	qual t	o the					
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Address																													
Town/city																													
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UK postcode										C	ount	try																	
At address since M M Y Y Y Y																													
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Please tick the	box ·	that	bes	t de:	scribe	es yo	ur in	volve	emer	nt:																		ails to)
Scout Network	mer	nbe	r _		Occa	sion	al he	lper					contact you with information relevant to your role in Scouting. Additionally, from time to time we would like to contact you with																
Group														details of new products and services promoted either directly by The Scout Association or its subsidiary companies.															е
District														I am content to receive details about new products and services being promoted directly by The Scout Association or its														its	
County/Area														subsidiary companies.														103	
Anticipated st	art d	late												THIRD PARTIES The Scout Association may pass your details on to carefully selected														d	
														third parties who provide products or services which may be of interest to you.															
														Please note, by giving such permission you will be assisting in promoting Scouting activities, the funding of such activities and															
														The Scout Association in general.														+0	
														I am content for The Scout Association to pass my details on to carefully selected third parties.														ιο	
Additional	pers	son	al d	etai	ls fo	or CF	RB a	ppli	cati	on																			
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Have you ever	beer	n kno	own	by a	any c	ther	nam	ies?	Yes		No		(if	'yes	' the	belo	OW S	ectio	n is I	MAN	DAT	ORY	Y).						
Forenames																													
Surname																													
Dates from and	d to	IV	1 1	VI	Y	Υ	Y	Y		M	M	ΙΥ)		Y	Υ													

c) accept that my continued involvement with Scouting is subject I confirm that I have read, understood and agreed to all to the agreement and consent of the Group Scout Leader, relevant the information provided in this form and also in all the Commissioner and/or section leader; additional documents referred to. I further confirm that the information that I have provided in support of this d) undertake to report to the section leader, Group Scout Leader or application is complete and true and understand that relevant Commissioner, as appropriate, any changes in circumstances knowingly to make a false statement for this purpose is a that could affect my involvement with The Scout Association; criminal offence. e) am not included on the Children's Barred List established by the Name of applicant Safeguarding Vulnerable Groups Act 2006 and the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007 or the Children's Barred List established by the Protecting Vulnerable Groups (Scotland) Act 2007. Individuals on these lists are disqualified from taking on Signature a role in Scouting and must therefore declare if they are on the lists mentioned. For more information, please contact the Scout Information Centre at Gilwell Park; and f) have received a copy of Young People First - Child Protection -Code of Good Practice (known as the 'yellow card') and accept and Date understand that the aim of the Child Protection Policy is to safeguard the welfare of all Members by protecting them from neglect and from physical, sexual and emotional harm. **Proving your identity** After you have completed all the mandatory sections please return 2. Data Protection this form to the person who provided you with it. They will then ask As a registered Data Controller, The Scout Association is committed you to provide a range of documents to confirm your identity. to the Data Principles of the Data Protection Act 1998. A list of acceptable documents can be found at www.crb.gov.uk/id By signing this application, I agree to The Scout Association during **Identity documents** and beyond my involvement: You must provide original documents only; photocopies will a) retaining my personal data to facilitate any present or potential not be accepted. future involvement with Scouting; At least one document must confirm your **current name**. b) retaining sensitive and personal data regarding any special needs, At least one document must confirm your date of birth. disabilities and/or commission of offences or alleged offences; and Wherever possible, where you hold a document containing a photograph from the approved identity documents list, c) carrying out checks into my suitability to carry out a role in this should be submitted. Scouting, including a Criminal Records check (if relevant). Does the position you are applying for involve No Yes Applicant checklist regular contact with vulnerable adults? Complete form, ensuring **MANDATORY** fields (in yellow) are Vulnerable adults are people aged 18 or over: Provide all addresses within the past five years. a) living in a residential or care home, sheltered housing, a special school, prison or similar institution; or Ensure declaration is signed. b) currently on probation; or Include all identity documents and continuation sheets (if you c) currently receiving care and support at home or in rehabilitation; or have used any). d) when they are receiving health care or a service specifically because of a disability or special need; or e) for whom a power of attorney or Court of Protection order has Identity checker (not to be completed by applicant) been made or applies. Have you established the true identity of the applicant, by examining Have you ever been convicted of a criminal No a range of documents as set out in CRB guidance, and verified the offence, or received a caution, reprimand or address and identity information provided on this form? warning? Please cross this box if you have supplied additional information. Yes No Please note: all convictions, including those that are spent, will Please list the documents you have seen to verify their identity: show on your Criminal Records check. Some criminal convictions or behaviour may disqualify you from certain roles in Scouting, specifically any convictions which involve the harming of children, young people or vulnerable adults in any way. For more information, please contact the Confidential Team at Gilwell Park. CRB fair processing notice The Criminal Records Bureau will refer the details provided on this application to government and law enforcement bodies in accordance with any relevant legislation. The details provided to Evidence seen and checked by: these bodies will be used for identifying possible matches to records held by them. Where such a match is established, data may be released to the CRB for inclusion on any certificate issued. The details provided on this form may be used to update the records held by the Membership number bodies specified above. The details provided on this application form may be used to verify your identity for authentication purposes.