



**NORTHERN IRELAND TENPIN BOWLING FEDERATION  
APPLICATION FORM FOR REGULATED POSITION**

**Section 1**

All information received in this form will be treated confidentially

<b>Name:</b>			
<b>Address</b>			
<b>Date of Birth</b>		<b>National Insurance No</b>	
<b>Telephone No.</b>		<b>Mobile No</b>	
<b>Previous work experience &amp; relevant qualifications</b>			
<b>Have you previously been involved in voluntary work? If yes, please give details:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Do you have any spare time hobbies, interests or specific skills that may be useful to the activities?</b>			
<b>Do you agree to abide by NITBFs Code of Conduct (copy attached)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Have you completed Safeguarding Awareness Training?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If yes, who was it organised by and when approximately</b>			

<p><b>Do you agree to undergo specific training on the role of the (<i>position being appointed</i>)</b></p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<p><b>Have you ever been asked to leave a sporting organisation in the past? (if you have answered yes we will contact you in confidence)</b></p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<p><b>Any other relevant information?</b></p>	
<p><b>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.</b></p>	
<p><b>Name:</b> <b>Address:</b>  <b>Telephone:</b> <b>Designation:</b></p>	<p><b>Name:</b> <b>Address:</b>  <b>Telephone:</b> <b>Designation:</b></p>

## Section 2

### DISCLOSURE OF CRIMINAL CONVICTIONS FOR ELIGIBLE POSITIONS

We require all coaches/volunteers in positions of responsibility for managing the safety and development of young athletes to sign the declaration and return it marked confidential to Karen Payne 13 Wanstead Road, BELFAST, BT16 0EJ.

Should you require further information, please contact Isobel Smith ([Isobel.smith@nitbf.org](mailto:Isobel.smith@nitbf.org)) or David Seay ([david.seay@nitbf.org](mailto:david.seay@nitbf.org)).

NAME OF APPLICANT: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_

CONTACT TELEPHONE NUMBER \_\_\_\_\_

CLUB/ORGANISATION: \_\_\_\_\_

**Please read this information carefully.**

#### **Statement of non-discrimination**

**NITBF** is committed to equal opportunity for all applicants including those with criminal convictions. Information about criminal convictions is requested to assist the selection process and will be taken into account only when the conviction is considered relevant to the role. Any disclosure will be seen in the context of the criteria for the role, the nature of the offence and the responsibility for the care of existing clients\volunteers and employees.

#### **Advice to Applicants**

You have applied for a role which falls within the definition of an “excepted” position as provided by the Rehabilitation of Offenders (Exceptions) Order (NI) 1979: therefore **ALL** convictions including SPENT convictions **MUST** be disclosed. The disclosure of a criminal record or other information will not debar you from registration / appointment unless NITBF considers that the conviction renders you unsuitable. In making this decision the NITBF will consider the nature of the offence, how long ago it was committed and what age you were at the time and other factors which may be relevant. This information will be verified through an appropriate Access NI Enhanced Disclosure check. If you have received a formal caution or are currently facing prosecution for a criminal offence you should also bring this to our attention given the “excepted” nature of the role.

Please complete this form as accurately as possible and place in the “Confidential” envelope provided and return with your application form to Karen Payne 13 Wanstead Road, BELFAST, BT16 0EJ. NITBF Safeguarding Children Officer can be contact Isobel Smith ([isobel.smith@nitbf.org](mailto:isobel.smith@nitbf.org)) or David Seay ([david.seay@nitbf.org](mailto:david.seay@nitbf.org)) *should you wish to speak with them regarding your disclosure.*

Thank you for your co-operation.

Have you ever been convicted of a criminal offence, been the subject of a caution, been barred by the Disclosure and Barring Service (formally the Independent Safeguarding Authority) which would prevent you from working with children and/or vulnerable adults or the subject of an investigation alleging that you were the perpetrator of adult or child abuse?

Yes

No

If so, please state below the nature, date(s) and sentence of the offence(s), date prevented from working in this area or allegations

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**Please provide any other information you feel may be of relevance such as:**

- the circumstances of the offence/incident
- a comment on the sentence received
- any relevant developments in your situation since then
- whether or not you feel the conviction has relevance to this post

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*Please continue on a separate page if necessary.*

(If you require further information on what information to disclose please contact NIACRO Helpline Tel: 028 90 320157)

**Declaration**

I declare that any answers are complete and correct to the best of my knowledge and I will inform one of NITBF’s designated Safeguarding Children’s Officers of any future convictions or charges relevant to my role. I give my consent for an Access NI Enhanced check to take place and for this information to be shared as part of NITBF’s risk assessment process.

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**Signature**

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**Date**

<b>FOR OFFICIAL USE ONLY:</b>	
<b>Applicant Name:</b>	
<b>Date application received:</b>	
<b>Date of interview:</b>	
<b>Interviewed by:</b>	1. 2.
<b>References received and are satisfactory:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Access NI check completed &amp; returned (if appropriate):</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>	
<b>Proof of applicants identification received:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Group 1 _____ Group 2 _____
<b>Identification type:</b>	
<b>Recommendation</b> Approve <input type="checkbox"/> Not approved <input type="checkbox"/>	<b>Reasons:</b>

\_\_\_\_\_

**Signature**

**Print Name**

\_\_\_\_\_

**Date**

**Position in Organisation**

**CONFIDENTIAL**

The following person:

\_\_\_\_\_ has expressed an interest in volunteering for **NITBF**.

If you are happy to complete this reference, any information will be treated with due confidentiality and in accordance with relevant legislation and guidance. Information will only be shared with the person conducting the assessment of the candidate’s suitability to volunteer with NITBF. We would appreciate you being extremely candid, open and honest in your evaluation of this person.

- 1. **How long have you know this person?** \_\_\_\_\_
- 2. **In what capacity?** \_\_\_\_\_
- 3. **What attributes does this person have that would make them suited to volunteering with NITBF?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4. **Please rate this person on the following – please tick one box for each statement:**

	Poor	Average	Good	V Good	Excellent
<b>Responsibility</b>					
<b>Maturity</b>					
<b>Self-motivation</b>					
<b>Can motivate others</b>					
<b>Energy</b>					
<b>Trustworthiness</b>					
<b>Reliability</b>					

This work involves substantial access to children. As an organisation committed to the welfare and protection of children, we are anxious to know if you have any reason at all to be concerned about this applicant being in contact with children and young people. If you have answered **YES** we will contact you in confidence.

YES

NO

**Please Sign and Print name below.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

Position: \_\_\_\_\_ (if applicable)

Organisation: \_\_\_\_\_ (if applicable)