

PRIVATE AND CONFIDENTIAL

Self Disclosure Form (DBS Only)



This form is to be used when an individual has an enhanced disclosure check carried out by another organisation, other than The Pony Club, within the last three years. Please complete this form fully and in capital letters.

All information will be treated as confidential and managed in accordance with relevant data protection legislation and guidance. You have a right of access to information held on you under the Data Protection Act 1998.

Section A – Applicant’s / DBS Holder’s Details

Name:			
Branch / Linked Centre Name:			
Role / Position Held:		Date of Birth:	
Address: Please include full address and postcode			
DBS Certificate (Unique) Number:		Date of Issue:	
Level of Certificate:	Standard / Enhanced	Clear Certificate?	Yes / No
Organisation who carried out the original check:			

Section B – To be completed by the applicant

Have you ever been known to any Children’s Services department or Police as being a risk or potential risk to children, young people or adults at risk?	YES / NO (if Yes, please provide further information)
Have you been the subject of any disciplinary investigation and/or sanction by any organisation due to concerns about your behaviour?	YES / NO (if Yes, please provide further information)
Have you committed any offence of abuse or causing harm to children, young people or adults at risk that may be relevant to the work that you undertake for The Pony Club?	YES / NO (if Yes, please provide further information)
I agree that the information provided here, and on the update service, may be processed in connection with recruitment purposes by the Pony Club Branch / Linked Centre and/or The Pony Club. I also understand that an offer of employment may be withdrawn or disciplinary action may be taken if information is not disclosed by me and subsequently comes to the Pony Club Branch / Linked Centre and/or The Pony Club’s attention. (Please tick)	
In accordance with The Pony Club’s procedures, if required, I agree to provide a valid disclosure certificate and consent to the organisation clarifying any information provided on the disclosure check with the agencies providing it. (Please tick)	
I agree to inform the Pony Club Branch / Linked Centre and/or The Pony Club within 24 hours if I am subsequently investigated by any agency or organisation in relation to concerns about my behaviour towards children, young people or adults at risk. (Please tick)	
I understand that the information contained on this form, the results of the disclosure check and information supplied by third parties may be supplied by The Pony Club to other persons or organisations in circumstances where this is considered necessary to safeguard children. (Please tick)	
I have read the Safeguarding Section of The Pony Club Health, Safety & Safeguarding Rulebook and anticipate taking on tasks described as Regulated Activities. (Please tick)	

***Please note**, where the Pony Club Branch / Linked Centre is mentioned, this refers to appropriate officials, including but not limited to: the Pony Club Office, District Commissioner, Proprietor, Safeguarding Officer, Area Representative or Centre Coordinator.

By signing this form, I confirm that I understand and agree to the above.

Signature:			
Print Name:		Date:	

Section C - For Official use only

I confirm I have seen the disclosure certificate relating to the abovementioned person and I confirm these details are accurate.

Signature:			
Print Name:		Date certificate checked:	
Role:			

The Branch / Linked Centre should keep one copy of this form for their records and one copy should be sent to Stef Brazier by post to The Pony Club Office, Stoneleigh Park, Kenilworth, Warwickshire, CV8 2RW or by email to disclosures@pcuk.org