A green and blue mountain logo

Description automatically generated

To be completed by all Volunteers/Coaches/Providers/Committee Members/Chaperones/Award Holders

|  |  |  |
| --- | --- | --- |
| **Personal Details (Please complete ALL fields)** | | |
| Full Name |  |
| Previous Name |  |
| Date of Birth |  |
| Current Address  (please include Eircode) |  |
| Phone |  |
| Email Address |  |
| Occupation |  |
| ROLE(S) for appointment with Mountaineering Ireland | Youth Coach  Club Children’s Officer  Child supervisor/Chaperone  Award Holder/Training Provider  Other  Please specify: |
| Have you completed Safeguarding Training? | Yes  No  (This training is mandatory by Law) |
| If yes, Pease state approximate date | \_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ |
| Do you agree to abide by the Codes of Conduct for Sport in Mountaineering Ireland | Yes  No |
| ***Please supply the name, address,telephone and email address of two people (must not be a family member/other relative) who we can contact and who, from personal knowledge, are willing to endorse your application.*** | | |
| 1.  Name: | 2.  Name: |
| Address (please include Eircode): | Address (please include Eircode): |
|  |  |
|  |  |
| Tel No: | Tel No: |
| Email: | Email: |
| Position/Occupation: | Position/Occupation: |
| Please give outline why you wish to become a volunteer with Mountaineering Ireland: |  |
| Please give details of any relevant training/any previous experience/ involvement in youth activity and/or clubs: |  |
| Do you have any illness, disability or medical condition which may at times effect your ability to work with children and young people? If so, please give details if you wish: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Declarations** | | | | | |
| Have you ever been asked to leave a sporting/youth organisation? | | | Yes  No | | |
| Do you have any convictions/cautions which would prevent you from working with children/young people and/or vulnerable persons **OR** are the subject of an investigation alleging that you were the perpetrator of adult or child abuse? | | | Yes  No | | |
| If Yes, please provide any other information you feel may to be of relevance on the above. | | |  | | |
| Have you ever been known to any Social Services department as being a risk or potential risk to children. | | | Yes  No | | |
| If Yes, please provide any other information you feel may be of relevance on the above. | | |  | | |
| Have you been the subject of any disciplinary investigation and/or sanction by any organisation due to concerns about your behaviour towards children? | | | Yes  No | | |
| If Yes, please provide any other information you feel may be of relevance on above. | | |  | | |
| **Confirmation of Declarations** | | | | | |
| I agree that the information provided here may be processed in connection with my role. I understand that any role may be withdrawn, or dismissal may result if information is not disclosed by me and subsequently comes to the attention of Mountaineering Ireland. | | | | | Yes |
| I agree to inform Mountaineering Ireland within 24 hours if I am subsequently investigated by any agency or organisation in relation to concerns about my behaviour towards children, young people and/or vulnerable persons. | | | | | Yes |
| I understand that the information contained on this form and information supplied by third parties may be supplied by Mountaineering Ireland to other persons or organisations where this is considered necessary to safeguard other children, young people and/or vulnerable persons. | | | | | Yes |
| ***I declare that any answers are complete and correct to the best of my knowledge and I will inform Mountaineering Ireland of any future convictions or charges.*** | | | | | |
| **Signed:** |  | | | **Date** | |
| **Print Name:** |  | | | **\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_** | |
| **For Official Use Only** | | | | | |
| Applicant Name: | |  | | | |
| Date application received: | |  | | | |
| Interview by: | | 1.  2. | | | |
| Reference 1 received and satisfactory: | | Yes  No | | | |
| Reference 2 received and satisfactory: | | Yes  No | | | |
| Vetting check completed and returned (if appropriate) | | Yes  No | | | |
| Safeguarding Training completed:  (Or to be done?) | | Yes  No | | | |
| Code of Conduct signed? | | Yes  No | | | |
| Comments: | |  | | | |
| Proof of applicant’s identification and received? | | Yes  No | | | |
| Identification type: | |  | | | |
| Recommendation:  (with reasons) | | Approved  Not Approved | | | |

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**Signature Date**

**Position in Mountaineering Ireland ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**