

MOUNTAINEERING IRELAND RECRUITMENT FORM (SAFEGUARDING)



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

Personal Details	
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 <input type="checkbox"/> Club Children's Officer <input type="checkbox"/> Child supervisor/Chaperone <input type="checkbox"/> Award/Training Provider <input type="checkbox"/> Other <input type="checkbox"/> Please specify:
Have you completed Safeguarding Training?	Yes <input type="checkbox"/> No <input type="checkbox"/> (This training is mandatory by Law)

(All information supplied on this form will be treated confidentially)

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If yes, Please state approximate date	____/____/____
Do you agree to abide by the Codes of Conduct for Sport in Mountaineering Ireland	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p align="center"><i>Please supply the name, address, and telephone 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.</i></p>	
1. Name:	2. Name:
Address (<u>please include Eircode</u>):	Address (<u>please include Eircode</u>):
Tel No:	Tel No:
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:	

(All information supplied on this form will be treated confidentially)

Declarations

Have you ever been asked to leave a sporting/youth organisation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please provide any other information you feel may 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 <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>
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 <input type="checkbox"/>
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 <input type="checkbox"/>

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:		____/____/____

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For Official Use Only	
Applicant Name:	
Date application received:	
Interview by:	1. 2.
Reference 1 received and satisfactory:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reference 2 received and satisfactory:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vetting check completed and returned (if appropriate)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Safeguarding Training completed: (Or to be done?)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Code of Conduct signed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:	
Proof of applicant's identification and received?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Identification type:	
Recommendation: (with reasons)	Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>

Signature

Date

Position in Mountaineering Ireland _____