Please complete the below fields and return to [info@britishorienteering.org.uk](about:blank) at the British Orienteering National Office. The information provided will be used to asses if your role meets the eligibility criteria for a Disclosure and Barring Services (DBS) Enhanced Disclosure.

|  |  |
| --- | --- |
| Name: | Membership Number: |
| Volunteer Role Title:  *E.g. Coach* | |
| Description of Role:  *What are your main activities and duties relating to this role?* | |
| Please place a tick in the box if you meet any of the following criteria: | |
| Teach, train, instruct, care for or supervise children under 18  Drive a vehicle to solely transport children | (please tick if yes)  (please tick if yes) |
| Does this happen:  More than 3 times a month  Any overnight between 2am and 6am  None of the above | Please select one option  (please tick if yes)  (please tick if yes)  (please tick if yes) |
| Do you complete your role unsupervised\*?  Does the role act in isolation from other adults *i.e. if a driver of a minibus is there another adult present* | (please tick if yes)  (please tick if yes) |
| \*Definition of Supervision  Supervision in this context would be an individual being supervised by another person, with that other person being in Regulated Activity and as such, have been DBS checked with barring list. The supervision should be regular, day-to-day (i.e. not remote) and should be consistent e.g. not tail off after an initial training period. | |
| **Self Declaration**  Do you have anything you wish to declare prior to your DBS application being submitted? | (please tick if yes)  *Please do not include any details here. We will contact you indepentantly for any information which may appear on your DBS that you wish to make us aware of.* |
| Is this role:  Voluntary  Paid | Please select one option  (please tick if yes)  (please tick if yes) |
| Signature: | Date |
| **OFFICE USE ONLY** | |
| DBS Enhanced Disclosure with barring list check  DBS Enhanced Disclosure without barring list check  Not eligible for a DBS check  Signature: | Date: |