



8. MEMBERSHIP APPLICATION FORM – NON YOUTH

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

1. FULL NAME: _____

2. MEMBERSHIP/S TYPE APPLYING FOR: *(please tick below)*

For full details of membership types & benefits, please refer to: http://www.irishgymnastics.ie/gymnastics_ireland.cfm?ek=7

Individual Membership Category

- Recreation 18 +
- Competitive
- Student
- Joint Members
- Adult Members
- IG Supporters

3. PREVIOUS SURNAME: *(if applicable)* _____

4. CURRENT ADDRESS: _____

5. DATE OF BIRTH: ___/___/___

6. LIST ALL OTHER PREVIOUS ADDRESSES: _____

7. PLACE OF BIRTH: _____

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8. CONTACT NO(S): _____

9. PREVIOUS EXPERIENCE/INVOLVEMENT IN ANY OTHER CLUB:
(Include experience of working with young children in a voluntary or professional capacity)

10. LIST ALL SPORTING/ NGB QUALIFICATIONS: *(if any)*

NGB	QUALIFICATION HELD

11. HAVE YOU COMPLETED CHILD PROTECTION AWARENESS TRAINING: Yes No

If yes, please state approximate date: ___/___/___

12. EVERY INDIVIDUAL WHO WISHES TO JOIN OUR CLUB SHOULD FAMILIARISE THEMSELVES WITH THE CODE OF ETHICS & GOOD PRACTICE FOR YOUTH SPORT IN IRISH GYMNASTICS: *(in particular the various Codes of Conduct)*

Do you agree to abide by the guidelines and Codes of Conduct contained in the 'Code of Ethics & Good Practice for Youth Sport in Irish Gymnastics'? Yes No

13. HAVE YOU EVER BEEN ASKED TO LEAVE A SPORTING/YOUTH ORGANISATION? Yes No

If you have answered 'Yes' we will contact you in confidence.



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14. REFERENCES:

Please supply the name, address, telephone and relationship/role of two people who we can contact and who, from personal knowledge, are willing to endorse your application. One of these names should be, where possible, the name of an Administrator / Leader in your last Club / place of involvement

Name and Address of Referee 1:

Name and Address of Referee 2:

Signature _____

Print Name _____ Date _____

FOR OFFICIAL / CLUB USE ONLY	
Applicant name:	
Date application received:	
Date of interview:	
Interviewed by:	1. 2.
References received and are satisfactory:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vetting check completed and returned:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:	
Proof of applicant's identification 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 Club _____

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DISCLOSURE OF CRIMINAL CONVICTIONS & PERMISSION FOR STATUTORY CHECKS FOR THOSE WORKING WITH CHILDREN

(Please read this information carefully)

STATEMENT OF NON-DISCRIMINATION:

_____ (*name of club*) 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 post. Any disclosure will be seen in the context of the job criteria, the nature of the offence and the responsibility for the care of existing clients\ customers and employees.

For the purposes of your application for the post of:

ROLE _____

CLUB _____

It is our policy to ask for a check to be carried out by the statutory organisation responsible for this task in the jurisdiction in which you are working/volunteering.

ADVICE TO APPLICANTS:

Please complete this form as accurately as possible and return it marked "Confidential" to the Club Children's Officer along with your vetting form, (either Garda Vetting form or AccessNI form). The Club will retain this form and forward the vetting form to the Irish Gymnastics Policy & Welfare Officer. An arrangement will be made with you to discuss any clarification if required. Thank you for your co-operation.

You must tell us now if you have a case pending or if you have ever been convicted of a criminal offence; cautioned by the police or bound over. You must include all offences, even minor matters such as motoring offences and 'spent' convictions, (i.e any previous conviction that has expired on a criminal record). The disclosure of a criminal record or other information will not prohibit you from registration/appointment unless Irish Gymnastics considers that the conviction renders you unsuitable. In making this decision Irish Gymnastics will consider the nature of the offence, how long ago it was committed, what age you were at the time and other factors which may be relevant.

Have you ever been convicted of a criminal offence or been the subject of a caution; a Bound Over Order or the subject of an investigation alleging that you were the perpetrator of adult or child abuse?

Yes No

If "Yes", please state below the nature, date(s) and sentence of the offence(s)

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

- *The circumstances of the offence*
- *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*

(For Northern Ireland applicants only – please note you are advised that under the provisions of the Rehabilitation of Offenders (Exceptions) Order (N.I.) 1979 as amended by the Rehabilitation of Offenders (Exceptions) (Amendment) Order (NI) 1987 you should declare all convictions including ‘spent’ convictions.)

I declare that all answers are complete and correct to the best of my knowledge and I will inform the Designated Person of any future convictions or charges. I consent to a vetting check being carried out before my application for registration/ appointment can be confirmed. This has been explained to me and I am aware that spent convictions may be disclosed. I am also aware that the umbrella organisation carrying out the check may, following discussion with myself, share the information returned with the Designated Person.

Signature _____ Date _____

Print Name _____ Position _____

Please return completed forms to: _____