

PVG existing member

Application form

Scottish Golf Guide for Applicant and Affiliated Clubs

Step 1 – Instructions for Applicant

- **Questions 1 to 4** - Applicant completes
- **Question 5** - where applicable, whoever is responsible for paying for PVG certificate completes.
- All other questions should be left blank
- Send your application to the Safeguarding Officer/Verifier of your organisation to arrange verification of your ID documents. **DO NOT SEND YOUR APPLICATION DIRECT TO SCOTTISH GOLF OR DISCLOSURE SCOTLAND.**

Step 2 – Instructions for Safeguarding Officer/Verifier

- **Questions 6 & 7** – Safeguarding Officer/verifier completes
- All other questions should be left blank
- Send completed forms to safeguarding@scottishgolf.org subject line “PVG Application”
- In the main body of the email please include the following information.
 - Club Name
 - Safeguarding Officer/Verifier’s Name and Verifier Code
 - Name of applicant(s) and the ID documents seen to verify their identity

Alternatively you can download, complete and attach a [verifiers coversheet](#) to your email.

If the application relates to the registration of a new Safeguarding Officer, please follow the instructions for how to verify the details of the Safeguarding Officer in the Safeguarding Resource Pack (copy available from our [website](#)).

You can find out more about the laws that govern the disclosure and PVG Scheme membership application process on Disclosure Scotland’s [website](#).

Guidance to individual questions is included below.

All fields **must be filled** unless highlighted as optional. Please use block capitals.

1. About you; the individual

Application type: In almost all cases this would be “PVG Scheme Record Update – Child”. If your existing membership of the Scheme entitles you to work with Adults only, you would select “PVG Scheme Record – Child”. In all cases, “Both” should only be selected if you are **already doing** regulated work with both Adults at Risk and Children with the organisation you are applying for membership for. This should not be selected “just in case we get adults at risk in the future”.

Title: Choose an item.
Surname: Click or tap here to enter text.
Forename(s): Click or tap here to enter text.
Gender: Click or tap here to enter text.

Date of birth: Type or select date.

PVG membership ID: **This is compulsory in all update forms.**

Are there changes to your personal details that you have not already told us about? Yes No

If yes for the above, please specify: **If you have changed name or address, please enter the new details here. It is not sufficient to only enter “changed address” without including the new details.**

2. Your contact details

Email address: Optional - Click or tap here to enter text.
Home telephone: Optional - click or tap here to enter text.
Mobile number: Optional - click or tap here to enter text.

3. Regulatory body details

Are you registered with a regulatory body? Yes No

This is for people registered with any organisations listed in the drop-down list only. Select “No” if this does not apply to you.

Regulatory body name/code: Choose an item.
Regulatory body membership number: Click or tap here to enter text.
Regulatory body name/code: Choose an item.
Regulatory body membership number: Click or tap here to enter text.

4. Declaration on application

I request that a disclosure record be issued to the persons specified in this application in relation to the type(s) of regulated work specified. I understand the following:

- Disclosure Scotland will use the information I have given to verify my identity and to check and process my application. Disclosure Scotland will use this information and any other information relating to my Scheme membership for the purpose of the Scheme, for the prevention or detection of crime and for other related purposes. Disclosure Scotland will continuously monitor and update the information it holds about me.
- Disclosure Scotland may pass the information it holds about me to other Government departments or organisations, the police and other law enforcement agencies for the purposes of the Scheme, of the prevention and detection of crime, of the apprehension and prosecution of offenders and for other related purposes.

I declare that the information I have given is complete and correct. I understand that to knowingly make a false statement in this application is a criminal offence. I will give any additional information that may be required to verify the information given and will immediately notify any changes to this information

Applicant's signature: Click or tap here to enter text.

Signature date: Type or select date.

Either a typewritten or scanned signature is valid. There is no need to print and sign a form by hand.

5. Payment **This section must be completed in all cases prior to submission**

If you, as the applicant, are paying for this application, please complete this section. If you are not paying for it, this should be completed by the person who is countersigning it.

Is this application for a volunteer role doing regulated work for a [qualifying voluntary organisation](#) (QVO)? Yes No

Method of payment: Card Registered Body Invoice Exempt from fee (QVO)

If you are paying by card, please use our [payment portal](#), and then insert your payment reference number below.

£18 per applicant per update is payable direct to Disclosure Scotland via their portal above for those in an employed role only. Volunteers are exempt from payment.

9-digit payment reference number: Enter the 9-digit number here.

Only complete these sections if you are applying for a **PVG Scheme record** or a **PVG Scheme record update**. They should be completed by the **countersignatory** before this form is submitted to Disclosure Scotland.

6. Countersignatory details and declaration **Safeguarding Officer completes**

Will the work be carried out at the home address of the applicant? Yes No

Organisation name: **Name of club**

Position applied for: **Must be one from the list provided to the Safeguarding Officer**

Description of role: Optional - click or tap here to enter text.

7. Confirmation of identity

Employers must check the identity of the applicant. You should ask for **three** forms of identity. If possible, one should be photographic. Please confirm below which forms of identity have been checked. **Should also include two forms of address. Copies of identity documents should not be sent to Scottish Golf. Copies of PVG certificates should never be sent.**

Birth certificate Passport Driving licence ID card Entitlement card Other (**specify**):

8. Registered body details **Leave blank**

Registered body name: Click or tap here to enter text.

Registered body code: Click or tap here to enter text.

Countersignatory name: Click or tap here to enter text.

Countersignatory code: Click or tap here to enter text.

9. Countersigning on behalf of another organisation **Leave blank**

Countersigning on behalf of another organisation? Yes No

Organisation name: Click or tap here to enter text.

10. Countersignatory declaration

I declare that the disclosure record is requested for the purpose of enabling or assisting me (or any other person for whom I act) to consider the applicant's suitability to do, or to be offered or supplied for, the type(s) of regulated work specified in this application. I understand the following:

- Disclosure Scotland will use the information I have given to check and process this application. It will also use it for the purpose of the Scheme, for the prevention or detection of crime and for other related purposes.
- Disclosure Scotland may pass the information it holds about me to other Government departments or organisations, the police and other law enforcement agencies for the purposes of the Scheme, of the prevention and detection of crime, of the apprehension and prosecution of offenders and for other related purposes.

I confirm that the information I have supplied is complete and correct. I understand that to knowingly make a false statement in this application is a criminal offence. I will give any additional information that may be required to verify the information given and will immediately notify any changes to this information.

Leave blank

Countersignatory signature:

Signature date:

Either a typewritten or scanned signature is valid. There is no need to print and sign a form by hand.

This part should only be completed if you are applying for a **Scheme Membership Statement (countersigned)**. The **personal employer** should complete these sections.

11. Personal employer details

Will the work be carried out at the home address of the applicant? Yes No

Position applied for: Click or tap here to enter text.

Title: Choose an item.

Surname: Click or tap here to enter text.

Forename(s): Click or tap here to enter text.

Address line 1: Click or tap here to enter text.

Address line 2: Click or tap here to enter text.

Town: Click or tap here to enter text.

Country: Click or tap here to enter text.

Postcode: Click or tap here to enter text.

12. Personal employer declaration

I declare that the disclosure record is requested for the purpose of enabling or assisting me (or any other person for whom I act) to consider the applicant's suitability to do, or to be offered or supplied for, the type(s) of regulated work specified in this application. I understand the following:

- Disclosure Scotland will use the information I have given to check and process this application. It will also use it for the purpose of the Scheme, for the prevention or detection of crime and for other related purposes.
- Disclosure Scotland may pass the information it holds about me to other Government departments or organisations, the police and other law enforcement agencies for the purposes of the Scheme, of the prevention and detection of crime, of the apprehension and prosecution of offenders and for other related purposes.

I confirm that the information I have supplied is complete and correct. I understand that to knowingly make a false statement in this application is a criminal offence. I will give any additional information that may be required to verify the information given and will immediately notify any changes to this information.

Personal employer signature: Click or tap here to enter text.

Declaration date: Type or select date.