**Joining the PVG Scheme**

**Application form**

**Scottish Golf Guide for Applicant and Affiliated Clubs**

**Step 1 – Instructions for Applicant**

* **Questions 1 to 6 -** Applicant completes
* **Question 7 -** 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 TO SCOTTISH GOLF**.

**Step 2 – Instructions for Safeguarding Officer/Verifier**

* **Questions 9 & 10 –** 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 or alternatively complete and attach a Verifiers Coversheet
* 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](https://ocs-sport.ams3.cdn.digitaloceanspaces.com/sg/2020/08/Verifiers-Coversheet-for-Electronic-Applications.docx) to your email.

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

# About you; the individual

Application type: Choose an item.

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.

Previous names (if any)
Previous surname(s): Click or tap here to enter text.
Previous forename(s): Click or tap here to enter text.

Mother’s maiden name: Click or tap here to enter text.

Date of birth: Type or select date.
Town of birth: Click or tap here to enter text.
Country of birth: Click or tap here to enter text.
Nationality: Click or tap here to enter text.

PVG membership ID (if any): Click or tap here to enter text.

Only enter this PVG ID if you are rejoining the Scheme, having previously been a member.

National insurance number: Click or tap here to enter text.
Driving licence number (if any): Click or tap here to enter text.
Country of issue: Click or tap here to enter text.
Passport number: Click or tap here to enter text.
Country of issue: Click or tap here to enter text.

# 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.

# Your current address

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.

Resident from: Type or select date.

If you have lived at this address for less than five years, you must provide previous addresses below to cover this period.

# Your previous addresses

## Previous address 1

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.

Resident from: Type or select date.

## Previous address 2

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.

Resident from: Type or select date.

## Previous address 3

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.

Resident from: Type or select date.

## Previous address 4

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.

Resident from: Type or select date.

If you have further address details to add, please include these in the email when you send this form to us.

# Regulatory body details

Are you registered with a regulatory body? [ ]  Yes [ ]  No

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.

# 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.

# Payment

**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](https://www.mygov.scot/pvg-for-volunteers/) (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](https://slack-redir.net/link?url=http%3A%2F%2Fpayments.disclosure.scot%2Fpvg-join), and then insert your payment reference number below.

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

These sections should only be completed if you are applying for a **PVG Join**. They should be completed by the **countersignatory** before this form is submitted to Disclosure Scotland.

# Countersignatory details and declaration

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

Organisation name: Click or tap here to enter text.

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

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

# 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.

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

# Registered body details

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.

# Countersigning on behalf of another organisation

Are you countersigning this application on behalf of another organisation? [ ]  Yes [ ]  No

Organisation name: Click or tap here to enter text.

# 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.

Countersignatory signature: Click or tap here to enter text.

Declaration 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.

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

# Personal employer details and declaration

Is applicant already undertaking regulated work in the position to which this application relates? [ ]  Yes [ ]  No

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.

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

# Personal employer details

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.

# 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.