



**Self-disclosure form for applicants for posts involving contact with children and/or vulnerable adults**

Guernsey Yacht Club is committed to safeguarding children from physical, sexual and emotional harm. As part of our Child Protection policy, we require applicants for posts involving contact with children to complete this self-disclosure form. Having a criminal record will not necessarily bar you from working with us. This will depend on the nature of the position and the circumstances and background of your offences.

**Name** .....

**1. Have you ever been convicted of any criminal offences?** YES  NO

**If yes, please supply details of any criminal convictions.**

**Note; you are advised under the provisions of the Rehabilitation of Offenders (Bailiwick of Guernsey) Law 2002 to declare all convictions including “spent” convictions.**

**2. Are you a person known to any Children and Families Social Care Department as being an actual or potential risk to children?** YES  NO

**If yes, please supply details.**

**3. Have you ever had any disciplinary sanction relating to child abuse?** YES  NO

**If yes, please supply details.**

Declaration I declare that to the best of my knowledge the information given above is correct and understand that any misleading statements or deliberate omission may be sufficient grounds for cancelling my appointment. I understand that I may be asked to apply for a Criminal Records Disclosure and consent to do so if required. I understand that the information contained in this form and in the Disclosure may be disclosed, where strictly necessary, to regulatory bodies and/or third parties who have an interest in child protection issues.

Signed: ..... Date: .....

**Note: if the applicant is aged under 18, this form should be counter-signed by a parent or guardian**

**Medical consent and emergency contact form**

**SAILOR DETAILS:**

Sailor Name:	
Home Address:	
Date of birth:	

**EMERGENCY CONTACTS:**

Parent/Guardian

Name:	
Relationship:	
Home Number	
Work Number	
Mobile Number:	

Parent/Guardian

Name:	
Relationship:	
Home Number	
Work Number	
Mobile Number:	

**DOCTOR DETAILS:**

Doctors Name:		Work Number:	
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It is your responsibility to make known any potential medical conditions that may affect you during the activities associated with the programme you will be taking part in. Please therefore provide as many details as possible. This information will be shared with the organisers and coaches at events and training.

Have you ever suffered from any of the following conditions?

- |                                   |     |    |
|-----------------------------------|-----|----|
| • Asthma/bronchitis               | Yes | No |
| • Heart conditions                | Yes | No |
| • Fits, fainting or blackouts     | Yes | No |
| • Severe headaches                | Yes | No |
| • Diabetes                        | Yes | No |
| • Epilepsy                        | Yes | No |
| • Travel sickness                 | Yes | No |
| • Allergies to medication         | Yes | No |
| • Any other allergies             | Yes | No |
| • Other illnesses or disabilities | Yes | No |

If you have answered Yes to any of the above, please provide details in the box below.

When did you last have a tetanus vaccination? Year .....

Are you currently taking any medication? If so please specify:

Are you suffering/recovering from any injuries which may affect your sailing?

Are you vegetarian? Yes No Do you have any food allergies? If so, please specify:

### Consent

I the parent/guardian of ..... give permission to the organisers of activities during the period..... to administer any relevant treatment or medication to the above-named participant when or if necessary.

In an emergency situation I authorise the organisers to take my son/daughter to hospital and give my full permission for any treatment required to be carried out in accordance with the hospital's diagnosis. I understand that I shall be notified, as soon as possible, of the hospital visit and any treatment given by the hospital.

Parent/Guardian

Signed: .....

Date: .....



Revised Jan 09

## Consent form for the use of photography or video

Guernsey Yacht Club recognises the need to ensure the safety and welfare of children and young people taking part in boating. In accordance with our child protection policy we will not arrange for photographs, video or other images of young people to be taken or published without the consent of the parents/guardians and children.

Guernsey Yacht Club will abide by the Conditions of Use below. If you have any concerns about the way images are being used, you should inform the Child Welfare Officer Monica Asplund immediately.

### Conditions of Use

1. We will not re-use any images after your child has left Guernsey Yacht Club
2. We will normally only identify a child by reference to the child's first name.
3. We will not use personal details or full names (ie. first name and surname) of any child to accompany a photographic image on video, on our website, in our organisation brochure or any other electronic or printed publications without good reason. 'Good reason' includes using the full name of a child in a newsletter to organisation members if the child has won a trophy or award.
4. We will not include personal email or postal addresses, telephone or fax numbers on video, on our website, in our organisation brochure or in other electronic or printed publications.
5. We may use group photographs or footage with very general labels, such as 'Cadet Week'.
6. We will only use images of children who are suitably dressed, to reduce the risk of such images being used inappropriately.

### Declaration of parent or person with Legal Responsibility:

Name of child: .....

1. I agree that my son's/daughter's photograph may be used in Guernsey Yacht Club's brochure and other printed publications. **Yes / No**
2. I agree that my son's/daughter's image may be used on Guernsey Yacht Club's website. **Yes / No**
3. I agree that my son/daughter may be photographed or filmed by the media and the images used in local or national newspapers, televised news programmes etc. **Yes/No**
4. Certain sailing magazines require full names in sailing reports and to accompany pictures of prize-winners. May we give this information to reputable sailing magazines such as Yachts & Yachting? **Yes / No**

I have read and understood the Conditions of Use above.

I agree to notify Guernsey Yacht Club of any relevant changes in my child's circumstances.

I confirm that my child is not under a court order.

Signed: ..... Date: .....

Name: .....