A white and black logo

Description automatically generated with low confidence

**PVG Application for Regulated Work with Children**

**Section 1: to be completed by the Applicant**

Please either type or use capitals

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | | |
| Full Name |  | | |
| Address (inc postcode) |  | | |
| Mobile number |  | | |
| Email address |  | | |
| Date of Birth |  | | |
| Please tick the boxes that applies to you: | I have had a PVG certificate in the past for working with children  I have had a PVG certificate in the past for working with adults  I am new to the PVG scheme | | |
| Post applied for: | Coach | | Parent Helper |
| Assistant Coach | | Child Wellbeing and Protection Officer |
| Team Manager/Organiser | | Physiotherapist |
| Course Tutor | | Sport Psychologist |
| Name of Cricket Club: |  | | |
| Date Self Declaration Form completed and retained by Club: | |  | |

**Section 2: to be completed by the Club Child Wellbeing & Protection Officer (or authorised person)**

I confirm that I have seen the under noted documents (please tick all boxes that apply) and that they relate to the person identified above who is the subject of a PVG Scheme application.

**2 forms of ID must be seen, including one photo ID and one proof of address. If no photo ID is available then 3 forms of ID must be seen, 2 of which must show the applicant’s current address. Collectively the ID must confirm Date of Birth and Address. Address documentation must be dated within the previous three months.**

|  |  |  |  |
| --- | --- | --- | --- |
| Birth Certificate | Driving Licence (with photo) | | |
| Passport | Driving Licence (without photo) | | |
| Other - please specify: |  | | |
| Authorised signatory (electronic or typed) | | |  | |
| Name (capitals) | |  | | |
| Position | | Date | | |