

Please provide two referees who could vouch for your suitability to work with children/vulnerable adults.

Referee 1

Name: _____ **Address:** _____

Contact number: _____ **Email:** _____

Referee 2

Name: _____ **Address:** _____

Contact number: _____ **Email:** _____

I confirm that the above information given here is correct and that I consent to my personal data being processed and kept for the purpose described above in accordance with the *Data Protection Act 1998*.

Signed: _____ **Date:** _____

Please return this form to your club welfare officer.

Club welfare officer: _____

Address: _____

Please now complete the declaration form at Section B (SPCG18b) to obtain your CRB application form from the ARA.