|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **WELLBEING PROTECTION OFFICER (WPO) ID VERIFICATION FORM** | | | | | | | | | | |
| **Club name** |  | | | | | | | | | |
| **WPO DETAILS** | | | | | | | | | | |
| **First Name** |  | | | | **Surname** | |  | | | |
| **VERIFIERS DETAILS**  ***The following section should be completed by the verifier who must be a member of the club’s Board or Management Committee.*** | | | | | | | | | | |
| **First Name** |  | | | | **Surname** | | |  | | |
| **Address** |  | | | | | | | | | |
| **Postcode** |  | | | | | | | | | |
| **Telephone:** | **Day:** | | | **Evening:** | | | | | **Mobile:** | |
| **Email:** |  | | | | | | | | | |
| **Date of Birth** |  | | | | **Sex** | | | **Male  Female** | | |
| **Identification checked:**  (please cross the appropriate boxes)  **Three forms of identification should be checked. At least one must be photographic and one should contain the applicant’s current address.** | | | | | | | | | | |
| **Photo ID: at least one box must be ticked** | | | | | | | | | | |
| **Passport** | | | **\*Driving Licence with photo** | | | | | **National Entitlement Card**  **(e.g. FREE bus travel card)** | | |
| **\*If the candidate has a middle name and has used a driving licence as proof of ID, please make sure the middle name has been recorded on the PVG application form.** | | | | | | | | | | |
| **Current Address ID: at least one box must be ticked** | | | | | | | | | | |
| **Phone Bill** | **Utility Bill** | | | | **Bank Statement** | | | **Other**  **Please state:** | | |
| **Other ID** | | | | | | | | | | |
| **Driving licence without photo** | | | | | **Birth Certificate** | | |  | | |
| **I confirm that I have met with and positively identified the above named WPO. I have checked in the manner recommended by Disclosure Scotland, the authenticity of the documentation supplied and the information recorded on the PVG Scheme Record Application Form.** | | | | | | | | | | |
| **Verifier Name *(signature)*** | |  | | | | **Date signed** | | | |  |
| **Print Name** | |  | | | | **Position in Club** | | | |  |
| **Please return this form to Bowls Scotland, National Centre for Bowling, Hunters Avenue, Ayr, KA8 9AL.**  If there are any changes to the information above then please inform Bowls Scotland immediately. This information is only for use by Bowls Scotland and will not be passed to any other organisations. | | | | | | | | | | |