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| **WELLBEING & PROTECTION OFFICER (WPO) NOMINATION FORM** | | | | | | | | | |
| **Club name** | |  | | | | | | | |
| **NEW WPO DETAILS**  **Please complete the following questions in full providing details where required.** | | | | | | | | | |
| **First Name** |  | | | **Surname** | | |  | | |
| **Address** | |  | | | | | | | |
| **Postcode** | |  | | | | | | | |
| **Telephone:** | | **Day:** | **Evening:** | | | | | | **Mobile:** |
| **Email:** | |  | | | | | | | |
| **Date of Birth** | |  | | | **Sex** | | | **Male  Female** | |
| **Occupation** | |  | | | | | | | |
| **Are you:** | | | | | | **Taking over the role of WPO**  **Acting as a second WPO** | | | |
| **If taking over the role of WPO, please provide the name of WPO you are taking over from** | | | | | |  | | | |
| **If acting as a second WPO, please provide the name of the person you will work jointly with** | | | | | |  | | | |
| **Are you already a PVG Scheme Member?** | | | | | | **YES  NO** | | | |
| **If yes, please provide your PVG membership number** | | | | | |  | | | |
| **Date PVG issued** | | | | | |  | | | |