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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **WELLBEING PROTECTION OFFICER (WPO) TRAINING FORM / CHECKLIST** | | | | | | | | | |
| **Club name** | |  | | | | | | | |
| **WPO DETAILS** | | | | | | | | | |
| **First Name** |  | | | | **Surname** | | |  | |
| **Telephone:** |  | | | | **Email:** | | |  | |
| **Please complete the following questions in full providing details where required.** | | | | | | | | | |
| **Have you completed a Secondary Organisation Contract (SOC)?** | | | | | | | **YES  NO** | | |
| **Are you already a PVG Scheme Member?** | | | | | | | **YES  NO** | | |
| **If yes, please provide your PVG scheme membership number** | | | | | | |  | | |
| **Date PVG issued** | | | | | | |  | | |
| **Have you completed a PVG Scheme / Existing Member Application Form?** | | | | | | | **YES  NO** | | |
| **Have you completed a Bowls Scotland Self Declaration form?** | | | | | | | **YES  NO** | | |
| **Do you know where to access Bowls Scotland Wellbeing & Protection information and guidance?** | | | | | | | **YES  NO** | | |
| **Have you attended a Child Wellbeing & Protection in Sport (CWPC) workshop? *(please note that this course was formerly known as Safeguarding & Protecting Children (SPC)*** | | | | | | | **YES  NO** | | |
| *If answered yes above, please detail course date and location* | | | | **Date:** | | | **Location:** | | |
| **Have you received In Safe Hands (ISH) training?** | | | | | | | **YES  NO** | | |
| *If answered yes above, please detail course date and location* | | | | **Date:** | | | **Location:** | | |
| ***The following section should be completed by the verifier who must be a member of the club’s Board or Management Committee.*** | | | | | | | | | |
| We confirm that our named Child Wellbeing and Protection Officer has attended/is committed *(delete as appropriate)* to attending the ‘Child Wellbeing and Protection in Sport’ and ‘In Safe Hands’ child protection courses and has had the relevant Disclosure Scotland checks made to confirm they are an appropriate person to be carrying out regulated work with children.  **(this declaration should be signed by a member of the club’s Management Committee or Board)** | | | | | | | | | |
| **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. | | | | | | | | | |