|  |
| --- |
| **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:** |  | **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** |  |

