

Please return your original DBS certificate and signed consent form to:

Welsh Gymnastics safeguarding Team

Sport Wales National Centre

Sophia Gardens

CF11 9SW

Safeguarding@welshgymnastics.org

I, *[Individual to insert his/her name]* give my consent for Welsh Gymnastics to access my status information on-line through the use of the DBS Update Service as frequently as may be required by the Welsh Gymnastics Safeguarding Team for the purposes of my role as *[insert name of Individual's role]* which requires me to hold a DBS Enhanced Disclosure and such consent is provided by me for the duration of my appointment to the role of *[insert Individual's role]*, and until such time as I notify Welsh Gymnastics that I no longer occupy a role requiring a DBS Enhanced Disclosure.

In the event of me being appointed to another role which requires me to hold a DBS Enhanced Disclosure, then I hereby consent to Welsh Gymnastics continuing to access my status information on-line through the DBS Update Service for the purposes of this role and for the duration of my appointment to such role.

In addition, I enclose my DBS Enhanced Disclosure Certificate* and give my consent to BG to record the details.

Print Name:

.....

Address:

.....

.....

.....

Signature:

Date:

*The original DBS Enhanced disclosure certificate is only required if it was not completed via Welsh Gymnastics.