



Judges Self Disclosure Form 2016

CONFIDENTIAL ONCE COMPLETED

You have a right of access to information held on you and other rights under the Data Protection Act 1984

Title:	Last name:	First name (s):
Any previous name (s) by which you have been known:		
Address:		
		Post code:
Tel:	Email:	
Date of Birth :	Place of Birth:	
Nat Insurance No (for CRB use only)	Sex: M / F	

I confirm that I have read and agree to abide by the WPCS Rules & Regulations

Signature: _____ *Date :* _____

Have you ever been convicted of, or been subject to, any disciplinary actions or sanctions relating to child abuse, sexual offences or violence?

YES NO If YES, please state the date (s) and nature of the offence (s) :

Have you ever been convicted of, or been subject to, any disciplinary actions or sanctions relating to animal cruelty ?

YES NO If YES, please state the date (s) and nature of the offence (s) :

P.T.O

Welsh Pony and Cob Society Annual Return Form 2016

Medical Declaration

In view of the physical demands made on Judges, please consider carefully your own health and safety and that of others on the Showground and in the Ring when deciding whether you wish to continue as an WPCS Panel Judge for 2016. All Judges wishing to continue should sign the declaration below:

I can confirm that I have no known *eyesight, *hearing or mobility problems that could impair my ability to judge or that could prejudice my safety or that of others at WPCS affiliated shows.

(other than which may be corrected by spectacles or a hearing aid)*

Signed _____ Date _____

Official list of Judges declaration

Delete as applicable

I **wish / do not wish** my name to remain on the list of Panel Judges

The current contact information we have for you is as follows:

If incorrect, please amend above.

You are required to self-certify that you are not known to ANY Social Services as being an actual or potential risk to children, and that you have not been disqualified or prohibited from fostering children or had any rights or powers in respect of any child vested in or assumed by a local authority, or had a child ordered to be removed from your care.

As part of the checking procedure, you are advised that the Welsh Pony and Cob Society reserves the right to make reference to the Local Authority Social Services Department and Police Records to verify information given on this form, when it is submitted or at any time in the future.

Note: It is the duty of all WPCS personnel, Judges and volunteers to report any change or conviction involving children.

I consent to a Criminal Records Check being made, confirm that the information provided on this form is correct, and accept that failure to disclose information or subsequent failure to conform to the Rules and Regulations of the WPCS may result in disciplinary action.

Signed _____ Date _____

September 2015