

Coach & Leader Registration

Please complete & return this form along with your Membership Application and Self Declaration forms

Name:				Member No			
1 Please provide details of any cycling coaching qualifications you hold:							
<i>tick</i>		Date gained		<i>tick</i>		Date gained	
<input type="checkbox"/>	Candidate Level 1 Coach			<input type="checkbox"/>	Trainee Club Coach		
<input type="checkbox"/>	Level 1 Coach			<input type="checkbox"/>	Coach		
<input type="checkbox"/>	Candidate Level 2 Coach			<input type="checkbox"/>	Club Coach		
<input type="checkbox"/>	Trainee Level 2 Coach			<input type="checkbox"/>	Trainee Level 3 Coach		
<input type="checkbox"/>	Level 2 Coach			<input type="checkbox"/>	Level 3 Coach BMX <input type="checkbox"/> Cycle Speedway <input type="checkbox"/> MTB <input type="checkbox"/> Cyclo-Cross <input type="checkbox"/> Road <input type="checkbox"/> Track <input type="checkbox"/>		
	Level 2 Discipline Specific Coach: BMX <input type="checkbox"/> Cycle Speedway <input type="checkbox"/> MTB <input type="checkbox"/> Cyclo-Cross <input type="checkbox"/> Road <input type="checkbox"/> Track <input type="checkbox"/>				Cycling Teacher		
<input type="checkbox"/>	Candidate Activity Coach			<input type="checkbox"/>	Mountain Bike Leader		
<input type="checkbox"/>	Trainee Activity Coach			<input type="checkbox"/>	Trail Cycle Leader		
<input type="checkbox"/>	Activity Coach			<input type="checkbox"/>	Leader (have attended a MBL or TCL award but need to attend a GPCP course)		
<input type="checkbox"/>	Candidate Club Coach			<input type="checkbox"/>	Scottish Mountain Bike Leader Association Member		
				<input type="checkbox"/>	Other <i>Please specify:</i>		

2 Please indicate your current coaching activity:	
<input type="checkbox"/> Club	<i>Please specify.....</i>
<input type="checkbox"/> School	<i>Please specify.....</i>
<input type="checkbox"/> Local Authority	<i>Please specify.....</i>
<input type="checkbox"/> Individuals	<i>Please specify.....</i>
<input type="checkbox"/> British Cycling NGB Scheme	<i>Please specify.....</i>
<input type="checkbox"/> Other Sport NGB Scheme	<i>Please specify.....</i>
3 Please indicate your coaching interests:	
Endurance:	Cyclo-Cross <input type="checkbox"/> MTB XC <input type="checkbox"/> Road <input type="checkbox"/> Time Trial <input type="checkbox"/> Track <input type="checkbox"/>
Sprint:	BMX <input type="checkbox"/> Cycle Speedway <input type="checkbox"/> MTB DH <input type="checkbox"/> MTB 4X <input type="checkbox"/> Track <input type="checkbox"/>
Other:	Disability Cycling <input type="checkbox"/> Young People <input type="checkbox"/> <input type="checkbox"/> Other <i>Please specify</i>

- 4 Do you currently receive payment for coaching? Yes No
- 5 If 'Yes', is your paid coaching work? Full time Part time
- 6 Are you interested in further coaching work? Daytime Evening Weekend
- 7 Do you hold a current First Aid Certificate? Yes No
(Please note: it is your responsibility to maintain a current First Aid Certificate)
- 8 Have you attended a British Cycling Coach Education Course? Yes No
- 9 What is your current occupation?
- 10 Have you sent the completed 'Self Declaration Form? Yes No
- 11 Please indicate if you **DO want** your details published in:
- Coach Lists Website Directory

I hereby consent to abide by the British Cycling Code of Conduct (available on request or download from website www.britishcycling.org.uk) and I will work only within the constraints of my role and qualifications.

Signed:		Date:	
----------------	--	--------------	--

Self Declaration Form



Coaches λ Club Secretaries λ Club Welfare Officers λ Other Officials & members who are in direct contact with children or vulnerable adults

PART A		
Name	Date of Birth	Membership Number
Q1 Have you had a CRB check taken up by British Cycling within the last 3 years?	YES	NO
Q2 Have you previously completed a Self Declaration Form?	YES	NO
If 'NO' to Q2, complete all of the below, otherwise go to Q3		
Q3 Have any of the details contained in either the CRB Disclosure or the Self Declaration Form changed?	YES	NO
If 'YES' to Q3 complete all of the below, otherwise sign the declaration at Part C		
PART B ¹		
Q 4 Have you been convicted of any offence or had a conviction or bind-over order, or is a prosecution pending related to children, any offence under the Sexual Offences Act, any offence involving violence of any nature or drug related offences ?	YES	NO
Q5 Are you a person known to ANY social services department as being an actual or potential risk to children / vulnerable adults / other people?	YES	NO
Q6 Have you ever had a sanction imposed against you or been disciplined in any way for any matter relating to child abuse, sexual offences, violence or use of drugs?	YES	NO
If you answer 'Yes' to any question in part B, please return this form under separate cover to the H.R. Manager at British Cycling. The HR Manager will then contact you to explore the details of your individual case.		
Q7 Please list the last 3 clubs you have had an association with		
Club Name	From	To
PART C		
<p><i>I hereby consent to British Cycling undertaking criminal record and/or social services and other relevant third party checks in connection with the Self Declaration and in line with the British Cycling' Policy and Procedures for the Protection of Children and Vulnerable Adults'. I understand that the information contained on this form, the results of police and social service checks and information supplied by third parties will be considered in determining my membership or other status with British Cycling. Any information regarding convictions will be held in accordance with Data Protection guidelines. I understand that I must inform British Cycling immediately of any matter relating to the questions above, during the term of my membership. I understand that action may be taken in relation to my membership and under British Cycling rules in relation to the provision of incomplete, false information or where the information provided leads the BCF to believe that action should be taken for reasons relating to child protection or the protection of vulnerable adults. I understand that I have a right of access to information held on me and other rights under the Data Protection Act 1984.</i></p>		
Signed		Date

¹ Note: You are advised that under the provisions of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended by the Rehabilitation Of Offenders Act 1974 (Exceptions) (Amendment) Order 1986 a person should declare ALL convictions including 'spent' convictions where working with children.