**HS07-F06 ID Checker Contract**

The club’s ID Checker (Child Wellbeing & Protection Officer [CWPO]) is the identified person at a club who is responsible for disclosure information (including Protecting Vulnerable Groups [PVG] scheme applications) and is the lead contact for Scottish Squash when specific information relating to a disclosure needs to be discussed. It is mandatory that each club has a CWPO in place at all times.

This contract should be completed by the CWPO. PVG scheme applications cannot be processed for the club without this contract in place. If the CWPO changes or any amendments need to be made, a new contract should be completed and submitted to Scottish Squash.

Scottish Squash understand that they have responsibility for ensuring the club has suitable and sufficient training to understand and comply with their responsibilities in relation to disclosures. Scottish Squash will ensure the club complies with the requirements of the Code of Practice and will ensure the details provided to Disclosure Scotland are accurate and up to date.

**Completed forms should be returned to Scottish Squash at:**

[**child.protection@scottishsquash.org**](mailto:childprotection@scottishsquash.org)

**To be completed by Scottish Squash:**

|  |  |
| --- | --- |
| **Date Contract Approved by Scottish Squash** |  |
| **Signed (by Scottish Squash Staff Member)** |  |

**Club ID Checker (CWPO) Contact Details**

|  |  |  |
| --- | --- | --- |
| **Club Name** |  | |
| **Name of CWPO** |  | |
| **Telephone Number** |  | |
| **Email Address** |  | |
| **Reason for Submitting Contract** | New ID Checker application |  |
| Update contact details for existing ID Checker/CWPO |  |

**Contract Terms**

|  |  |
| --- | --- |
|  | **Tick to Confirm** |
| I understand and agree to abide by the [**Disclosure Scotland Code of Practice**.](https://www.mygov.scot/binaries/mygov/browse/working-jobs/finding-a-job/disclosure/documents-disclosure-scotland/disclosure-scotland-code-of-practice/Disclosure+Scotland+-+Code+of+Practice.pdf) |  |
| I agree that it is an offence to share the disclosure information that I will receive with anyone who is not entitled to access it in the course of their duties. |  |
| I agree to carry out required ID checks for every PVG application submitted as per the Disclosure Scotland Code of Practice. |  |
| I will inform Scottish Squash if I leave the role of the club ID Checker. |  |
| I am aware that Scottish Squash may contact you to verify that checks are being completed in accordance with the Code of Practice and relevant disclosure legislation. |  |
| I understand that if a Scheme Member’s status changes to barred or if they are moved to consideration for listing, Scottish Squash will notify the club ID Checker to advise the appropriate action to take. |  |
| I understand that if a PVG scheme member leaves my club, I will notify Scottish Squash so that interest can be removed |  |
| I understand that information provided on a disclosure must only be used for the purpose it was provided for (to make a recruitment or ongoing recruitment decision). |  |
| I understand that Scottish Squash is required to conduct annual audits to ensure the information they hold on the contact person and the club is accurate and up to date. |  |

**Declaration**

I certify that all information contained in this form is true and correct to the best of my knowledge and understand that providing false information or omissions may lead to an investigation by Scottish Squash/Disclosure Scotland.

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| **ID Checker Signature**  **(typed is acceptable)** |  |
| **Date signed** |  |