

## Monitoring Form

The Rugby Football League is committed to the principles of equal opportunities and to ensuring that the culture, philosophy and processes within the organisation and the Game are free from bias and discrimination. The RFL is committed to the equal treatment of all and will not tolerate discrimination on the grounds of age, ethnic origin, gender, special needs, including learning and physical disabilities, class or social background, religion, sexual orientation, marital status, pregnancy, colour or political persuasion.

To help us monitor the effectiveness of our policy you are requested to complete this form and return it with your application form. This document will be detached from your application form and kept separately from information used in the application process.

**Ethnic Category:** The following categories are based on those used in the 2001 census as recommended by the Commission for Racial Equality. Please note the ethnic questions are not about nationality, place of birth or citizenship. UK citizens can belong to any of the ethnic categories indicated.

Please tick the box below which best describes the ethnic category to which you belong:

Ethnic Origin (Please tick the appropriate box)			
White	British <input type="checkbox"/>	Irish <input type="checkbox"/>	Any other White background (please specify)
Mixed	White & Black Caribbean <input type="checkbox"/>	White & Black African <input type="checkbox"/>	White & Asian <input type="checkbox"/> Any other Mixed background (please specify)
Asian or Asian British	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/> Any other Asian background (please specify)
Black or Black British	Caribbean <input type="checkbox"/>	African <input type="checkbox"/>	Any other Black background (please specify)
Chinese or other ethnic group	Chinese <input type="checkbox"/>	Other ethnic group (please specify)	

Disability			
A person is regarded disabled if they have a physical, sensory or mental impairment which has a substantial and long term effect on their ability to carry out normal day-to-day activities.			
In your view, are you disabled in terms of the above definition?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', do you consider that your disability might make it difficult for you to participate in any part of the course?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please indicate the nature of your disability:			
Visual	Learning	Hearing	Multiple
Physical	Other	Prefer not to say	
If you have answered yes to any of the above questions, please give brief details and indicate any special requirements you may have and/or what we can do to ensure that you are given every opportunity to demonstrate your abilities.			
Age	DOB	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>



## Bridging Application Form

Please fully complete ALL sections of the Application Form providing as much information as possible.

Section 1 Course Details	
Pre-assessment date:	
Assessment date:	

Section 2 Personal Details				
The below information is essential and must be completed by all applicants.				
Coach ID Number:				
Club:				
Title:				
First Name:	Please note, this is how your name will appear on all correspondences and your certificate after successful course completion.			
Surname:				
Address:	(Please note certificates will be sent to this address)			
Postcode:				
Home Tel No.:				
Mobile Tel No.:				
E-mail Address:				
Date of Birth:				
In case of emergency contact name:	Please note, the contact details stated here will be provided to the tutor/assessor			
	<table border="1"> <tr> <td>Home Tel No.:</td> <td></td> </tr> <tr> <td>Mobile Tel No.:</td> <td></td> </tr> </table>	Home Tel No.:		Mobile Tel No.:
Home Tel No.:				
Mobile Tel No.:				

Your Club and Coach Development Officer (CCDO) is:

For Office Use Only			
Chq info:		SD/ MF/Photos:	
Course Full:		PO no.:	
Transferred to:		Withdrawn:	
		Application Late:	
		Medical:	
		Access Arrangement:	

### Section 3 Declaration

I confirm that I have not received any funding from any other sources. If accepted onto the Bridging I will carry out the work required and ensure I meet all the bridging requirements before June 2009.

I understand that the Rugby Football League is not under any liability whatsoever in respect of any personal injury or loss that I may sustain during the course of the training programme.

I have read and understood the notes and course outline that are attached to this application and to the best of my knowledge I can confirm that I meet the requirements for acceptance onto the course. All the information in my application is true and accurate to the best of my knowledge.

Applicant Signature:	
Date:	

### Section 4 Disclosure Details

This section must be completed by all individuals prior to completing a Bridging Course. Please note, if you do not know your CRB Disclosure number and/or you have not had a CRB check carried out within the last three years by the RFL you must complete the attached Self-Disclosure Form.

Have you had a criminal records bureau check carried out by the RFL within the last three years?

Yes / No (please circle as appropriate) If yes, please complete the questions below.

If Yes, please provide the date of disclosure:	(dd/mm/yyyy)
Disclosure Number:	

### Section 5 Code of Conduct

It is essential that all coaches agree to abide by the contents of this Code to ensure continued high standards within the game.

Please complete and sign the slip below for our records. Unfortunately, if we do not receive the below completed it may result in a delay in the validation of your badge and licence.

I confirm that I have received the Rugby League Code of Conduct and agree to abide by its content.			
Venue:			
Signed:		Date:	

### Section 6: Checklist

- Please ensure the following items are submitted with your application, failure to do so may result in non-admittance onto the course.
- Passport sized photograph
  - Monitoring form
  - Self-disclosure form
  - Signed declaration
  - Payment – please make cheques payable to ‘RFL’ - £50.00 required with each application (this is the full cost as we have recently received funding).
  - Code of Conduct
  - \_\_\_\_\_ Purchase order number where applicable
  - \_\_\_\_\_ Name of club/organisation paying on your behalf



**RFL Self-Disclosure Form**

To be completed by all individuals in Rugby League prior to completing a Rugby League Coaching Course. This form can also be used by clubs in the recruitment of volunteers.

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

**Part A**

Surname and title (Mr/Mrs/Ms/Miss):.....

Any first name, surname or maiden name previously known by:.....

First name(s): .....

Present address: .....

Postcode:.....

Telephone Number(s): .....

E-mail address:.....

**POSTCODE MUST BE COMPLETED**

Date of Birth:.....

N I Number: .....

Gender: M / F

Current Club(s) (Refers to Rugby League or other sports club) .....

Position(s) Held:.....

Start Date: .....

Coach Qualification and ID Number .....

Course Date: .....

Details of Other Qualifications Held:.....

Previous Club(s) (Refers to Rugby League or other sports club)

Start Date: .....

Leave Date: .....

Position(s) Held:.....

I confirm that I have seen identification documents relating to this person, and I confirm to the best of my ability that these are accurate. Please detail which documents:

Signature of Club Secretary or Club Child Protection Officer

Print Name:.....

Date:

**Part B**

**Self Disclosure (for completion by the individual named in Part A)**

**Have you ever been convicted of any criminal offences? YES / NO**

If YES, please supply details of any criminal convictions:

.....  
.....  
.....  
.....

**NOTE:** You are advised 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 you should declare all convictions including 'spent' convictions.

**Are you, or have you ever been, a person known to any Social Services department as being an actual or potential risk to children? YES / NO**

If YES, please supply details: .....

.....  
.....  
.....

**Have you had a disciplinary sanction (from a sports or other organisations governing body) relating to child abuse? YES / NO**

If YES, please supply details:

.....  
.....  
.....

**IMPORTANT**

**I have read and understood the information leaflet regarding the RFL's Child Protection Nominal Index.**

**I hereby consent to the RFL undertaking Police and/or Social Services checks against me.**

**I understand that the information contained on this form, the results of Police and Social Services checks and information supplied by third parties, will be included on RFL's Child Protection Nominal Index, may be notified to my club and may be supplied by the RFL to other persons or organisations who have an interest in child protection issues.**

**I agree to abide by the Rugby League Child Protection Policy.**

Signed by the above named individual: .....

Date: .....

Print name: .....

**RETURNING YOUR APPLICATION**

Please complete the above and give to your Club and Coach Development Officer (CCDO). Your CCDO will then ensure that your application reaches our offices. The name of your CCDO is on the first page of this application form.