



Return to:

Welfare Officer
The British Sub-Aqua Club
Telford's Quay
South Pier Road
Ellesmere Port
Cheshire CH65 4FL

Criminal Records Bureau Disclosure Request Form
(TO ACCOMPANY THE MEMBER'S CRB APPLICATION FORM)

STRICTLY PRIVATE AND CONFIDENTIAL

Applicant details:

NAME:	BSAC MEMBERSHIP NO:
ADDRESS:	
POST CODE:	TELEPHONE:

Branch details:

NAME OF BRANCH:	BRANCH NO:	
APPLICANT'S POSITION IN BRANCH (i.e. Chairman etc.):		
NATIONALLY QUALIFIED INSTRUCTOR	YES/NO	IF YES, Number:

I hereby request a CRB Disclosure. My CRB Application Form accompanies this request.

I understand that when the Disclosure Application is returned to BSAC HQ for forwarding to the Criminal Records Bureau, all personal details will be strictly guarded and handled only by an approved Countersignatory at BSAC HQ.

APPLICANT'S
SIGNATURE:

DATE:

Request from Branch: ***The applicant will have significant contact with children and vulnerable adults Is there anything in this person's record that may make them unsuitable to become a member of the BSAC?***

NAME: _____ (BRANCH WELFARE OFFICER or CHAIRMAN)

BSAC MEMBERSHIP NO: _____

SIGNATURE: _____ DATE: _____