I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_give my consent for Welsh Gymnastics to access my status information on-line using the DBS Update Service as frequently as may be required for the purposes of my role which requires me to hold a DBS Enhanced Disclosure and such consent is provided by me for the duration of my appointment in this role,and until such time as I notify Welsh Gymnastics that I no longer occupy a role requiring a DBS Enhanced Disclosure.

In the event of me being appointed to another role which requires me to hold a DBS Enhanced Disclosure, then I hereby consent to Welsh Gymnastics continuing to access my status information on-line through the DBS Update Service for the purposes of this role and for the duration of my appointment to such role.

In addition, I attach my DBS Enhanced Disclosure Certificate\* and give my consent to Welsh Gymnastics to record the details.

Print Name:

DOB:

Address:

DBS certificate number:

Signature:

Date:

Please attach your original DBS certificate and signed consent form to [Safeguarding@welshgymnastics.org](mailto:Safeguarding@welshgymnastics.org)

\*The original DBS Enhanced disclosure certificate is only required if it was not completed via Welsh Gymnastics.