



BRITISHSCHOOLS CYCLING ASSOCIATION

NATIONAL SECRETARY
MANDY PARKER
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BSCA LEADER REGISTRATION FORM RENEWAL 2022

YOU MUST RENEW MEMBERSHIP TO BSCA ANUALLY FOR YOUR LEADERSHIP QUALIFICATION TO REMAIN VALID

First Names:		Surname:	
Address:			
Day Time Tel No:		Evening Tel No:	
Mobile Tel No:		Date of Birth:	
E Mail Address:			

PLEASE TICK EACH AWARD YOU ARE RENEWING:

TOURING LEADER: CYCLING TEACHING AWARD: MOUNTAIN BIKE LEADER:

PLEASE TICK HERE if you do not want your details published on the BSCA Website.

PLEASE REMEMBER THAT YOUR BSCA AWARD IS NOT VALID WITHOUT CURRENT BSCA MEMBERSHIP, VALID FIRST AID CERTIFICATE AND THE APPROPRIATE INSURANCE COVER

BSCA Registration Number: **FEE ENCLOSED £ 20.00** *****BACS PAYMENT**

ACCOUNT DETAILS: BRITISH SCHOOLS CYCLING ASSOCIATION

LLOYDS BANK PLC ACCOUNT NUMBER: 00335601 SORT CODE: 30-98-37

****YOU MUST EMAIL MANDY PARKER WHEN PAYMENT IS MADE AS WE WILL NEED TO CHECK RECEIPT BEFORE ISSUING CARDS AND GIVE DATE OF BACS PAYMENT HERE:**

Children's Act 1989 and 2004 as amended by Children and Social Work Act 2017: Protection of Children. Disclosure of criminal background of those with access to children. Under the terms of the Rehabilitation of Offenders Act 1974 (exceptions) amended by the order of the 1986 order and the Safeguarding Vulnerable Groups Act 2006, as amended by the Protection of Freedoms Act 2012 and any further amendments, convictions including spent convictions must be disclosed. **PLEASE ANSWER THE QUESTIONS BELOW:**

Q1) Have you ever been convicted of any offence or had a conviction or bind over, or is a prosecution pending related to children, any offence under the Sexual Offence Act, or any offence involving violence or drugs?

Answer YES or NO:

Q2) Are you a person known to ANY social services department as being an actual or potential risk to children/ vulnerable adults / other people?

Answer YES or NO:

Q3) Have you ever had a sanction imposed against you or been disciplined in any way for any other matter relating to child abuse, sexual offence, violence, or drugs?

Answer YES or NO:

IF YOU ANSWER YES- please give full details on a separate piece of paper and submit with your application.:

I agree to obtain a disclosure and barring service check (DBS) if my name arises from the BSCA random check procedure.

SIGNED: **Date:**

Please check details and return with the appropriate Fees (**Cheques made payable to BSCA**) to :
National Secretary: 22 Airedale Gardens, Leeds LS13 1DN BSCA website www.britishschoolscyclingassociation.com