

PAL Renewal Form
Please use BLOCK CAPITALS

**Personal Details**

Name

E-mail

Home Address

Telephone Mobile No.

Date of Birth Date of Application

*Do you have any illness/disability/medical condition which may - at times - require additional supports when working with young people?*

* Yes
* No

If yes, please give details

Gaisce Award Partner

Address

Telephone

Have you attended approved 4-hour Children First/Child Protection Awareness Programme training?

* Yes
* No

**Reference Checking**

*Please supply the details of two people (non-relatives), who know you well and can provide us with a reference. Please include your immediate line manager/supervisor or equivalent. Gaisce will make contact with both of your nominated referees*

Referee 1 Referee 2

Name Name

Role Role

Mobile No. Mobile No.

E-mail E-mail

*\*NB: It is very important that your referees are informed that you have nominated them*

**Declaration** (Confidential)

I confirm that nothing within my personal or professional background deems me unsuitable for a post which involves working with children.

I declare that the information in this application is true.

I promise to uphold the standards of the Award and do everything in my power to ensure that each young person achieving an Award under my guidance will have earned that Award.

I have read and agreed to implement Gaisce's Child Protection Policy. I will take all reasonable steps to draw the guidelines to the attention of other adults that I involve in the programme.

President's Award Leaders come into the possession of Personal Data (as defined by the Data Protection Act) of their participants. I confirm that I will only use this data to fulfil my obligations as a PAL.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date

*Please return by mail, fax to (01) 67 07 060 or by scanning and emailing* *info@gaisce.ie*

Have you ever been convicted of a Criminal Offence or been the subject of a Caution or of a Bound Over Order?

* Yes
* No