



## Project Team Verification Form

Full Name: \_\_\_\_\_

Local Scout Group Name/Number: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

I understand that Scouting Ireland must complete due diligence in fully verifying my membership and standing within Scouting Ireland. Further, I understand that if there are any new items of concern in any of the below areas while I am in the above position that this may be shared with the Manager of the Department.

I give my consent for the Manager of the Department and/or appropriate support member to the Manager of the Department to complete a full background check in the following areas (*relevant only to SI members*):

### Database

To verify up to date vetting.

### Safeguarding

To verify if there are any ongoing or outstanding items with the Safeguarding Department.

### DRAP and DPAN

To verify if there are any ongoing or outstanding items with the Disputes and Disciplinary processes that may deem the member unsuitable for the position.

### Finance Department

To ascertain if there are any monies outstanding owed to Scouting Ireland from the member.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_