

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

To verify if there are any ongoing or outstanding items with the DRAP 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 _____