



# Disclosure and Barring Service (DBS)

**This form is to be completed to give permission to share the details of the original EL DBS disclosure with the nominated person in your new club or association:**

Applicants full name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Previous Lacrosse Club/Organisation: \_\_\_\_\_

I agree to England Lacrosse sharing the recruitment decision resulting from my DBS check with the new organisation named below:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

New Organisation requesting information:

To be completed by the new Lacrosse Club/Organisations nominated person.  
Please sign below to confirm that you have checked the identity of the person requesting this sharing information:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to: [safeguarding@englandlacrosse.co.uk](mailto:safeguarding@englandlacrosse.co.uk)

**Protection is not just Equipment – Safeguarding the Lacrosse Community**