



APPLICATION for Sports Placement ETHICAL APPROVAL

This form must be completed and approved prior to undertaking any activity with the organisation. It will need to be signed by the student, placement organisation and a sports lecturer.

SECTION A: About You (Student)

Full Name:	Frank Joseph		
Faculty/School/Centre:	Sport, Health and Outdoor Education		
Campus:	Swansea Business Campus		
E-mail address:	frankjosephjnr@gmail.com		
Contact Telephone Number:	07377997385		
Student Number:	1701389	Undergraduate	☒
Programme of Study:	International Sports Management	Taught Postgraduate	☐
Director of Studies/Supervisor:	Andrew Thomas	Research	☐

SECTION B: Placement Activity Organisation (Employer)

Does the activity involve collaborators outside of the University?	YES	☒	NO	☐
If Yes, please provide the name of the external organisation and name and contact details for the main contact person:				
Organisation	PGL			
Contact person name	Annie Harris			
Contact person e-mail address	annie.harris@pgl.co.uk			
Contact telephone number	033 4 75 38 63 99			
Number of agreed contractual hours	35.5			

Location of activities

Identify all locations where activities will take place.

Domaine de Segries centre
Vallon pont D'arc

The placement student will work within the companies ethical framework

Organization representative name	Annie Harris		
Signature	A.Harris	Date	16/06/19

SECTION C: Scope of Activity (Student)

Will the activities include:	YES	NO
Use of a questionnaire or similar research instrument?	☒	☐
Use of interviews?	☐	☒
Use of diaries?	☐	☒
Participant observation with their knowledge?	☒	☐
Participant observation without their knowledge?	☐	☒
Use of picture, video or audio recording?	☒	☐
Access to personal or confidential information without the participants' specific consent?	☒	☐
Administration of any questions, test stimuli, presentation that may be experienced as physically, mentally or emotionally harmful / offensive?	☐	☒

If you have answered yes to any of the above then please explain below:

After my evening entertainment with the guests of PGL, I will be holding a reviewing session to gather feedback on the activity, I will also be receiving ABCD (Above and beyond call of duty) cards at the end of their stay, this will act as a questionnaire on my performance as their Group leader. I will be observing all participants/guests at all time whilst I am with them on centre and off centre with their knowledge. It is my job to make them feel welcome and be a person they can come and speak to, as their group leader I am their main point of contact with the PGL centre. If they have any inquires about their stay or the activities they will be participating in, they will be coming to me and asking.

I will be using a picture board to show my involvement with PGL and what I am doing as a Group Leader, I have had permission to take photos of the centre, however photographing children directly will not be allowed.

As my role at PGL requires me to do evening entertainment and off centre excursions with the guests, I will have access to confidential information to a certain degree, due to the new GDPR regulations I will not have access to full names and addresses, only their first name/initials and what school they come from, along with any medical/dietary needs they may have.

NOTE – PICTURE and VIDEO for assessment - make sure you have approval from organisation

SECTION D: Intended Participants (Student)

Who are the intended participants:	YES	NO
Students or staff at the University?	☐	☐
Adults (over the age of 18 and competent to give consent)?	☒	☐
Vulnerable adults?	☐	☐
Children under 18?	☒	☐
Prisoners?	☐	☐
Young offenders?	☐	☐

Those who could be considered to have a particularly dependent relationship with the investigator or a gatekeeper?	☐	☐
People engaged in illegal activities?	☐	☐
Others (please identify):	☐	☐

If you have answered yes to any of the above then please explain below:

I will be photographing the backs of children to ensure I don't show their faces and I will be photographing other members of staff at PGL who all over the age of 18 and are competent to give consent. I will be taking photos of the nightly disco and off centre activities/excursions such as the Ardeche decent on the river and excursions to Vallon Pont d'Arc

SECTION E: Anticipated Risks (Student)

Outline any anticipated risks that may adversely affect any of the participants, the student and/or the University, and the steps that will be taken to address them.
Risks to participants For example: emotional distress, financial disclosure, physical harm, transfer of personal data, sensitive organisational information Guests of PGL may experience emotional distress such as homesickness as they are away from home and for some it may be their first time abroad away from their families. They may also experience physical harm such as cuts, bruises and fractures however I have been trained to a standard in which I will be able to handle such events.
Risks to student For example: personal safety, physical harm, emotional distress, risk of accusation of harm/impropriety, conflict of interest Being away from home in another country for at least 3 months will be hard and I may experience emotional distress however I am sure I will overcome this by keeping myself busy with the guests and doing various activities throughout the day. I may also be at risk of accusations however if I follow strict PGL policies, this will be a very low threat to myself.
University/institutional risks For example: adverse publicity, financial loss, data protection n/a
Control measures List measures put in place to limit and manage any of the risks identified above First aid training Group leader training Excursion training Evening Ents training Knowledge of PGL policies and regulations Knowledge of fire procedures GDPR training

Disclosure and Barring Service

If the activity involves children or vulnerable adults, a Disclosure and Barring Service (DBS) certificate may be obtained before any contact with such participants.

Disclosure and Barring Service			
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Do you need a DBS certificate for this role?	☒	☐	☐
Has a DBS certificate been obtained?	☒	☐	☐
If yes, add picture copy below			



Enhanced Certificate
Page 1 of 2

DBS Fee Charged

Certificate Number 001656508852

Date of Issue: 01 MAY 2019

Applicant Personal Details

Employment Details

Signature: JOSEPH

Position applied for: CHILD WORKFORCE ACTIVITY INSTRUCTOR GROUP LEADER

Forename(s): FRANK/JULIASTON/IAN

Name of Employer: BGS LTD

Other Names: NONE DECLARED

Date of Birth: 24 MARCH 1999

Place of Birth: READING

Gender: MALE

Registered Person(s): DM CROB LIMITED

Counter-signatory: MELANIE WILLIAMS

Police Records of Convictions, Cautions, Reprimands and Warnings

NONE RECORDED

Information from the list held under Section 142 of the Education Act 2002

NONE RECORDED

DBS Children's Barred List information

NONE RECORDED

DBS Adults' Barred List information

NOT REQUESTED

Other relevant information disclosed at the Chief Police Officer(s) discretion

NONE RECORDED

Enhanced Certificate

This document is an Enhanced Criminal Record Certificate within the meaning of sections 113B and 115 of the Police Act 1997.

THIS CERTIFICATE IS NOT EVIDENCE OF IDENTITY

Continued on page 2

Disclosure and Barring Service, PO Box 165, Liverpool, L69 3JD. Helpline: 03000 200 190

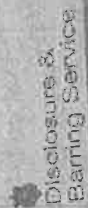
4. Crown Copyright

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Enhanced Certificate

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01 MAY 2019

Employment Details

Position applied for:
CHILD WORKFORCE ACTIVITY INSTRUCTOR GROUP LEADER

Name of Employer:
PGL LTD

Countersignatory Details

Registered Person/Body:
UK CRBS LIMITED

Countersignatory:
MELANIE WILLIAMS

DBS Fee Charged

Applicant Personal Details

Surname: **JOSEPH**

Forename(s): **FRANK JULIUS DONOVAN**

Other Names: **NONE DECLARED**

Date of Birth: **24 MARCH 1999**

Place of Birth: **READING**

Gender: **MALE**

Police Records of Convictions, Cautions, Reprimands and Warnings

NONE RECORDED

Document Reference:
MELANIE WILLIAMS

Police Records of Convictions, Cautions, Reprimands and Warnings
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STRICTLY PRIVATE AND CONFIDENTIAL

003835
FRANK JOSEPH
34 PARRY DRIVE
NEWPORT
BLAENAU GWENT
NP19 9SR

0000004377003835010100

Enhanced Certificate



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SECTION F: Declaration (Student and Staff)

For Students:

The information which I have provided is correct and complete to the best of my knowledge. I have attempted to identify any risks and issues related to the employment activity.	
Name of applicant: Frank Joseph	
Signature of student: F. Joseph	Date:

For Staff:

Placement Coordinator:	Andrew Thomas
Signature:	A. Thomas
Date:	17/6/19.

Staff Checklist: The students completed/ submitted the following:

☒	Completed all sections of the form in full.
☒	Attached a copy of the DBS (where appropriate)
☒	I can confirm that the activities has been approved providing they stay within the scope specified by the student.

