

Form Completion Guide

Complete all fields highlighted in **YELLOW**.

It **MUST** be filled out in Black Ink and Block Capitals.

No 62 Your Organisations Name - Company Name (Must be completed)

SECTION A

- 1 Your Title – Please place an 'X' in which is relevant (not a tick)
2 Surname
3 Forenames including all middle names
4 Have you ever been known by any other names?
If so, you must complete your full name including forenames (even if no change to forename)

14 Your Date of Birth (Verified by Passport, Driving Licence or Birth Certificate)
15 Gender (please place an 'X' where indicated)
16 Your Place of Birth (Town)
17 Your place of Birth (Country)
18 Your e-mail address
19 Your Contact telephone number
20 Do you have a National Insurance Number: Please place an 'X' in which is relevant (not a tick) Proof of NI number to be produced
21 National Insurance Number to go in boxes
22 Do you hold a valid UK driving Licence: Place an 'X' in which is relevant (not a tick) copy of licence must be produced & complete if no copy Licence or Driver number is available Place an 'X' in NO
23 Enter Driving Licence Number – this starts with the 1st five letters of your surname
24 Do you hold a valid passport; You must complete 25, 26 and 27 - copy to be produced (if no copy available Place an 'X' in NO)
28/29 This is **NOT** required at this present time Leave Blank and do not strike out
30/31 Place a X in the box marked NO unless you know your Scottish Vetting and Barring Number

SECTION B

- 32 Your Current Address
33 Town/City
35 Post Code
36 Country
37 time at this address since date

SECTION C

You must provide all addresses where you have lived in the last 5 years with no gaps Month and Year only e.g. 0 1 1 9 9 8 (Jan 1998)

SECTION D

NO LONGER REQUIRED AT THIS TIME- Leave Blank and do not strike out

SECTION E

- 56 Declaration by the applicant must be completed, dated and signed

SECTION W

To be completed by Evidence Verification Checker

SECTION X

- 60 Leave Blank
61 **MUST Read - Adult and Child Workforce or Child Workforce or Adult Workforce**
Line Not Numbered State your job role: EG: Doctor, Nurse, Teacher, Support Worker etc.
62 **Your Organisations Name - Company Name (Must be completed)**
63 Level of DBS check Standard or Enhanced
64 Leave Blank
65 Leave Blank
66 Leave Blank

67 Application Type - Place an 'X' in relevant box
New post holder - If the applicant is new to the position
Existing post holder - Working in the position recorded in section X but never had a DBS check
Existing post holder - Someone who has had a DBS certificate but is being re checked
68 Is this application for a volunteer? Please place an 'X' in which is relevant (not a tick)

SECTION Y

To be completed by DBS Services

SECTION Z

To be completed by DBS only