

UK and EEA National Standard/Enhanced Check

Evidence Gathering Form

FAIR PROCESSING: NOTICE FOR APPLICANTS

I confirm I have been made aware and have been given copies or have access to Treherne Care Group Policy on the Recruitment of Ex-offenders, Policy on the Handling of DBS Certificate Information, Equal Opportunities Policy, and the DBS Code of Practice November 2015 at the outset of my recruitment.

The post you are applying for is 'exempt' from the Rehabilitation of Offenders Act 1974 and therefore you are required to declare any convictions, cautions, reprimands and final warning that are not "protected" (i.e. filtered out) as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)

If you are not sure whether your convictions are spent please contact **NACRO** on :
+44 (0)300 123 1999 or further advice.

Do you believe the position you are applying for is eligible for a DBS check? Yes No

If YES are you applying for a Standard Enhanced DBS level disclosure?

Criminal record declaration

Do you have any convictions, cautions, reprimands or final warnings which are not 'protected' as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?

Yes No

Privacy Policy – Standard/Enhanced checks (paper and e-Bulk applications) declaration

I have read the Standard/Enhanced Check Privacy Policy for applicants <https://www.gov.uk/government/publications/dbs-privacy-policies> and I understand how DBS will process my personal data and the options available to me submitting an application.

Yes No

Consent to obtain e-Bulk Standard/Enhance check electron result

I consent to the DBS providing an electronic result directly to the Registered Body that has submitted my application. I understand that an electronic result contains a message that indicates either the certificate is blank or to await certificate which will indicate that my certificate contains information. In some cases, the Registered Body may provide this information directly to my employer prior to me receiving my certificate.

Yes No

Do you wish to provide consent to another person to key your personal data in your application, using the data you provided on this Disclosure Evidence Gathering form for the purpose of applying for a Standard/Enhanced disclosure through DBS Disclosure Services Ltd and the Disclosure and Barring Service (DBS)?

Yes No

If YES please detail the name of the person who will key your application and as appropriate , the organisation they work for:

.....

Declaration by applicant:

Please tick:

I have provided complete and true information in support of the application and I understand that knowingly making a false statement for this purpose is a criminal offence.

Applicant Signature:

Print Name:

Please record the date of your chosen options, consents, declarations and signature:

Date: DD/MM/YYYY:

DBS Standard/Enhanced Disclosure Evidence Gathering Form – UK and EEA National

Title: (cross in appropriate field)

Mr Mrs Miss Ms Other.....

Surname:

Forename(s) (include all middle name(s):

Surname at Birth Used until (enter as mm/yyyy e.g. 01/1978):

Any other Surname used:

Used from (please enter as mm/yyyy)

Used to (please enter as mm/yyyy)

Any other Forename(s) used:

Used from (please enter as mm/yyyy)

Used to (please enter as mm/yyyy)

Any other Surname used:

Used from (please enter as mm/yyyy)

Used to (please enter as mm/yyyy)

Any other Forename(s) used:

Used from (please enter as mm/yyyy)

Used to (please enter as mm/yyyy)

Any other Surname used:

Used from (please enter as mm/yyyy)

Used to (please enter as mm/yyyy)

Any other Forename(s) used:

Used from (please enter as mm/yyyy)

Used to (please enter as mm/yyyy)

Note: if you have used any other name(s) that you cannot fit in above, please use a continuation sheet.

National Insurance Number (e.g. HW811223C):.....

Current Address:

Town:

County: **Postcode:**

When did you move into this address (please enter as mm/yyyy e.g. 07.2010):



Note: DBS require a **full five (5) year address history**, if you have lived at your current address for less than five (5) years please add all previous addresses, including postcodes and dates you moved into and out of each address on the form below and if further space is required a separate address history form(s) should be included.

Previous Address:

Address Line 1.....
Address Line 2.....
Town
County
Post Code
Resident from (mm/yyyy)
Resident until (mm/yyyy)

Address Line 1.....
Address Line 2.....
Town
County
Post Code
Resident from (mm/yyyy)
Resident until (mm/yyyy)

Address Line 1.....
Address Line 2.....
Town
County
Post Code
Resident from (mm/yyyy)
Resident until (mm/yyyy)

Address Line 1.....
Address Line 2.....
Town
County
Post Code
Resident from (mm/yyyy)
Resident until (mm/yyyy)



Landline telephone number:

Mobile telephone number:

Email:

Place of Birth: Please enter Town/City and County/District in full as recorded on your Birth Certificate

Town/City:

County/District:

Born in UK: Yes No **If NO please give Birth Country:**

Nationality:

Date of Birth (please enter DD/MM/YYYY e.g. 12/07/1980):

Gender: Male Female Other

Individuals wishing to apply for DBS check must declare all current and previous identity details to the DBS to receive a valid certificate. Currently there is no facility to supply transgender information securely at the point of application for a DBS Basic check. Applicants wishing to use the sensitive application route can submit their application following the normal process, providing identity details and history of their current gender only. At the same time applicants must contact the DBS Casework Management team either by telephone +44 (0) 151 676 1133 or email sensitive@db.s.gsi.gov.uk to advise that they have previously been known by a different gender identity but do not wish this to be disclosed on their certificate. They do not need to provide evidence or a declaration of their previous identity and only need follow the sensitive application route once unless further transgender information is to be added. After capture, transgender information cannot be deleted and will continue to be searched for all future applications due to profile matching.

Workforce Type/Position applied for – please select and tick below:

Adult Workforce: Position applied for

Child Workforce: Position applied for

Child and Adult Workforce: Position applied for

Other Workforce: Position applied for