

Determination of the form and manner of an application under sections 52, 53 and 54 of the Protection of Vulnerable Groups (Scotland) Act 2007.

Scottish Ministers determine that the form and manner of an application to Disclosure Scotland:

- to request the disclosure of a scheme member's scheme record under section 52 of the Protection of Vulnerable Groups (Scotland) Act 2007;
- to request the disclosure of a scheme member's short scheme record under section 53 of the Protection of Vulnerable Groups (Scotland) Act 2007; and
- to request the disclosure of a scheme member's statement of scheme membership under section 54 of the Protection of Vulnerable Groups (Scotland) Act 2007

is made on paper.

The form and manner of the application is determined in Annex 1.

This is the form and manner for paper applications under sections 52, 53 and 54 of the Protection of Vulnerable Groups (Scotland) Act 2007. This form is published for determination purposes only and as such this form cannot be downloaded for use.

ANNEX 1

PROTECT – PERSONAL (WHEN COMPLETED)

Personal Employer Details and Declaration

PART G To be completed by a Personal Employer (Read Note G)

Role Details

G1 Will the work be carried out at the home address of the Applicant? Yes No

G2 Position Applied For

G3

Personal Employer Details

G4 Title Mr Mrs Ms Miss Other

G5 Surname

G6 Forename(s)

G7

G8 Contact Phone No.

G9 Email Address

G10

Personal Employer Address This is the address your copy of the certificate will be sent to.

G11 Address (Number, Street)

G12

G13 Post Town

G14 County

G15 Post Code

G16 Country

PART H Declaration (Read Note H)

I declare that the disclosure record is requested for the purpose of enabling or assisting me (or any other person for whom I act) to consider the applicant's suitability to do, or to be offered or supplied for, the type(s) of regulated work specified in this application. I understand the following:

- Disclosure Scotland will use the information I have given to check and process this application. It will also use it for the purposes of the Scheme, for the prevention or detection of crime and for other related purposes.
- Disclosure Scotland may pass the information to other Government departments or organisations, the police and other law enforcement agencies for the purposes of the Scheme, of the prevention and detection of crime, of the apprehension and prosecution of offenders and for other related purposes.


I confirm that the information I have supplied is complete and correct. I understand that to knowingly make a false statement in this application is a criminal offence. I will give any additional information that may be required to verify the information given and will immediately notify any changes to this information.

H11/H2 Signature PLEASE KEEP SIGNATURE WITHIN BOX Signature Date DD / MM / YYYY

Please send completed application forms to: Disclosure Scotland, PO BOX No. 250, GLASGOW G51 1YU.

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PROTECT – PERSONAL (WHEN COMPLETED)



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Existing PVG Scheme Member Application

PLEASE REFER TO THE ACCOMPANYING GUIDANCE NOTES AS YOU COMPLETE THE FORM.

- Please print in CAPITAL letters within the white boxes and do not make a mark on any other part of the form. We recommend you use blue or black ink.
- Applicants should complete PARTS A, B, and C on page 1 of the form which are coloured lilac. The Applicant may also have to complete PART D depending on whether or not they are paying for the application. Please check payment arrangements before completing PART D. PARTS E and F should be completed by the registered body (if any) and PARTS G and H should be completed by the personal employer (if any).
- Mandatory fields are highlighted in yellow. You must provide information in these fields or your application will be delayed.
- Please make a note of the Barcode Number at the top of the page to assist with any future query.

FOR OFFICIAL USE ONLY

PART A Type of Application (Read Note A)

A1 Cross (X) one box only. Scheme Membership Statement Scheme Record
Scheme Record Update Scheme Membership Statement (Countersigned)

A2 Cross (X) each box that applies. This application relates to regulated work with: Children Protected Adults

A3 Are you already a scheme member in relation to ALL types of regulated work selected in A2? Yes No

A4 If you currently do not have an online account, do you wish to apply for one with Disclosure Scotland? Yes No

If yes, provide/confirm your email address below in fields A5/A6.

A5 Email Address

A6

PART B Personal Details (Read Note B)

Personal Details

B1 PVG Scheme ID

B2 Title Mr Mrs Ms Miss Other

B3 Surname

B4 Forename(s)

B5

B6 Date of Birth DD / MM / YYYY

B7 Are there changes to your personal details that you have not already told us about? (See guidance) Yes No

If 'Yes' please supply these on a separate piece of paper.

Regulatory Body Details (see Guidance Notes)

BB Have you registered with a Regulatory Body listed in the guidance notes since your last PVG Application? Yes No If 'Yes', enter details below.

B9/B10 Regulatory Body Code Registration No.

B11/B12 Regulatory Body Code Registration No.

PART C Declaration (Read Note C)

I request that a disclosure record be issued to the persons specified in this application in relation to the type(s) of regulated work specified. I understand the following:

- Disclosure Scotland will use the information I have given to verify my identity and to check and process my application. Disclosure Scotland will use this information and any other information relating to my Scheme membership for the purposes of the Scheme, for the prevention or detection of crime and for other related purposes. Disclosure Scotland will continuously monitor and update the information it holds about me.
- Disclosure Scotland may pass the information it holds about me to other Government departments or organisations, the police and other law enforcement agencies for the purposes of the Scheme, of the prevention and detection of crime, of the apprehension and prosecution of offenders and for other related purposes.

I declare that the information I have given is complete and correct. I understand that to knowingly make a false statement in this application is a criminal offence. I will give any additional information that may be required to verify the information given and will immediately notify any changes to this information.

C1/C2 Applicant's Signature PLEASE KEEP SIGNATURE WITHIN BOX Signature Date DD / MM / YYYY

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ANNEX 1

PROTECT – PERSONAL (WHEN COMPLETED)

Payment

PART D Payment (Read Note D)

If you, as the Applicant, are paying for this application, complete PART D. If you are not paying for it, leave PART D blank and forward the form directly to the person who will be countersigning it.

D1 Is this application in respect of a volunteer doing regulated work for a qualifying voluntary organisation? Yes No

D2 If this PVG Application is to be paid for by a Registered Body or Personal Employer, they should cross (X) this box and complete PART D.

D3 Method of Payment

Registered Body Invoice Cheque VISA Master Card Maestro
 Solo VISA Electron VISA Debit/Delta Postal Order Voucher

Please make cheques payable to 'Disclosure Scotland'. We recommend the cheque is completed in blue or black ink.

Credit/Debit Card Payments

D4 Card Number This is the large number written across the middle of your card. Do not leave blank spaces.

D5/D6 Expiry Date MM / YY Issue Number (if applicable)

D7 Name of Cardholder

D8/D9 Cardholder's Signature PLEASE KEEP SIGNATURE WITHIN BOX Signature Date DD / MM / YYYY

Voucher Payments

D10 Voucher Number

COUNTERSIGNED APPLICATIONS - send completed application forms to the person who will be countersigning your application.
NON-COUNTERSIGNED APPLICATIONS - send completed application forms to: Disclosure Scotland, PO BOX No. 250, GLASGOW G51 1YU.

FOR DISCLOSURE SCOTLAND USE ONLY. DO NOT WRITE BELOW THIS LINE.

Correct Payment Amount Sort Code

Account Number Cheque Number

Other

Initials

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PROTECT – PERSONAL (WHEN COMPLETED)

Registered Body: Countersignatory Details and Declaration

PART E Countersignature - To be completed by the Countersignatory (Read Note E)

Role Details

E1 Will the work be carried out at the home address of the Applicant? Yes No

E2 Organisation Name

E3

E4 Position Applied For

E5

Confirmation of Identity

The person countersigning must satisfy themselves as to the identity of the Applicant. A minimum of three forms of Identity must be checked; if possible, one of them should be photographic. These should confirm the name, the date of birth and the current home address of the Applicant. Cross the appropriate boxes below to confirm what has been checked.

E6 Birth Passport Driving Licence (with photograph) Driving Licence (without photograph) National ID Card National Entitlement Card Other

If 'Other' please state the form of identification seen.

E7

E8

E9 Authentication Reference No.

Registered Body Details

E10 Registered Body Name

E11 Registered Body/ Sub Account Code (Code of account to be invoiced.)

E12 Countersignatory Name

E13 Countersignatory Code

Countersigning on Behalf of Another Organisation

E14 Are you countersigning this application on behalf of another organisation? Yes No If 'Yes', supply name of organisation below.

E15 Organisation Name

E16

PART F Countersignatory Declaration (Read Note F)

I declare that the disclosure record is requested for the purpose of enabling or assisting me (or any other person for whom I act) to consider the applicant's suitability to do, or to be offered or supplied for, the type(s) of regulated work specified in this application. I understand the following:

- Disclosure Scotland will use the information I have given to check and process this application. It will also use it for the purposes of the Scheme, for the prevention or detection of crime and for other related purposes.
- Disclosure Scotland may pass the information to other Government departments or organisations, the police and other law enforcement agencies for the purposes of the Scheme, of the prevention and detection of crime, of the apprehension and prosecution of offenders and for other related purposes.

I confirm that the information I have supplied is complete and correct. I understand that to knowingly make a false statement in this application is a criminal offence. I will give any additional information that may be required to verify the information given and will immediately notify any changes to this information.

F1/F2 Signature PLEASE KEEP SIGNATURE WITHIN BOX Signature Date DD / MM / YYYY

The signature you supply here will be checked against the sample you supplied on the Registration application.

Please send completed application forms to: Disclosure Scotland, PO BOX No. 250, GLASGOW G51 1YU.

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