

# Guidance Notes for completion of the Disclosure Registration Application

**These guidance notes should be read in conjunction with the 'Disclosure Registration Application' form.**

They offer a simple step-by-step guide to completing the form. Should you encounter any difficulties with either the form or the guidance notes, you are advised to contact the Disclosure Scotland Helpline by telephone on 0870 609 6006; by fax on 0870 609 6996; by emailing Disclosure Scotland on [info@disclosurescotland.co.uk](mailto:info@disclosurescotland.co.uk) or by visiting our website on [www.disclosurescotland.co.uk](http://www.disclosurescotland.co.uk).

Comprehensive guidance on the PVG Scheme is also available and chapter 9 of the Guidance may also assist you in completing the application form. This can be found at Disclosure Scotland's website (as above).

When you complete this form, it will contain sensitive personal information about you. For that reason, it is marked **PROTECT – PERSONAL (WHEN COMPLETED)**. This marking means that Disclosure Scotland staff will handle the completed form appropriately and therefore protect your personal information. Disclosure Scotland takes the protection of your personal information extremely seriously and has many physical, computer, procedural and staff security measures in place to ensure that it cannot be accessed or used for anything other than the purposes for which it is needed. In particular, information is only shared with external sources for specific purposes.

## Completion of the form

### DO

- Complete the sections of the form: Parts A, B, C, D and, if applicable, E, F, G, H & I.
- Complete all fields unless guidance notes suggest otherwise. **Mandatory fields are highlighted in yellow.**
- We recommend you use blue or black ink to complete the form and write clearly in **BLOCK CAPITALS**.
- Use only one letter or number for each box. The number of boxes given for each section indicates the maximum amount of letters/numbers that the system will accept.
- Please indicate a space by leaving an empty box e.g. 1 Tower Court should be entered **1□TOWER□COURT**.
- Mark choices in the boxes indicated with an 'X'.
- Be sure to sign the declaration at Part D, keeping all of your signature inside the box.
- Make a note of the application form number (the 16 digit number printed under the barcode in the top right hand corner on the front of the form) for enquiry purposes.
- If you make a mistake please correct it by either using correcting fluid sparingly, or by clearly scoring through the error and by writing the answer in the remaining space. If this is not possible, please start a new form.
- Only complete the sections that are applicable to you. Don't mark any other part of the form.

### DON'T

- Write over the edges of the boxes.
- Place any stamps or stickers on the form, (e.g. those featuring addresses) or the application will be delayed.

## Introduction

Every organisation which is a Registered Body needs to have a Registered Person who is Disclosure Scotland's primary point of contact within that organisation. The Registered Person is also known as the Lead Signatory. Other people in the organisation who can countersign disclosures and make declarations for PVG requests are known as Countersignatories.

You should use this form -

- when your organisation is applying for the first time to be a registered under the Police Act 1997 for the purposes of countersigning disclosure applications under the Police Act 1997 or making declarations in relation to disclosure requests made under the Protection of Vulnerable Groups (Scotland) Act 2007; or
- when your organisation is already registered and wants to add extra Countersignatories or replace the current Registered Person.

## NOTE A Type of Application

### A1 Initial Registration:

Select this box when applying to register with Disclosure Scotland for the first time. When making this type of application, Parts A, B, C, D, G, H and I must be completed by the prospective Registered Person. Part E can also be completed if required.

### Add Registered Person or Countersignatory:

Select this box where you wish to add an additional Countersignatory to those already authorised to countersign applications or replace the current Registered Person. When applying to add a Countersignatory, Parts A, B, F and H must be completed by the Registered Person, and Parts C and D must be completed by the prospective Countersignatory. When applying to replace the current Registered Person, Parts A, B, C, D and H must be completed by the prospective Registered Person.

An organisation which is a Registered Body **must** always have a Registered Person in place. If not, Disclosure applications cannot be processed.

## NOTE B Organisation Details

**Part B of the registration form must be completed by the Registered Person or prospective Registered Person for the organisation. The Registered Person should be someone within the organisation to whom Disclosure Scotland can address any concerns and will be the primary point of contact between Disclosure Scotland and the organisation.**

**B1/B2** Complete the **FULL** name of your organisation using both lines if required.

**B3** Leave blank for initial application. If your organisation is already registered with Disclosure Scotland and you are applying to add a Countersignatory or replacement Registered Person, input your Registered Body code here.

**B4** The 'YES' box should be crossed if your organisation will be countersigning Disclosure applications on behalf of other organisations, otherwise 'NO' should be crossed.

## NOTE C Registered Person/Countersignatory Details

**C1** The 'YES' box should be crossed if you are or will be the Registered Person for your organisation, otherwise 'NO' should be crossed.

### Business Contact Details

**C2** Please state your position within your organisation.

**C3/C4** You should insert the relevant telephone number & facsimile number including Area code, at which Disclosure Scotland will be able to contact you if necessary.

**C5 – C7** If you cross the 'YES' box, please insert your email address as applicable.

### Business Address

**C8 – C12** Please note that this will be the delivery address of **all** Disclosure information sent to you.

### Name(s)

**C13** Mark an 'X' in the appropriate box. Examples of 'Other' may be 'Reverend', 'Doctor' etc

**C14 – C16** Enter current surname and **all** forenames, not just initials.

**C17** If you have stated 'Yes', the details entered in **C18 – C23** should only be where different from above. e.g. marriage, adoption (where known), or changes of name by other means.

Adopted? If you are adopted, it is not necessary to provide your name at birth if your adoption was prior to the age of eight.

Transgender? If you are a transgender applicant and do not wish your employer to know of your previous gender please contact Disclosure Scotland PVG Helpline for further assistance on 0870 609 6006.

**C24** If you require more space to provide names that you have been known by, please mark an 'X' in the box provided. Using a separate sheet of paper, provide any other names you have been known by and attach it to the application form.

**C25** Mother's maiden name. This should be the name which appears on your mother's birth certificate.

## Birth Details

**C26** Your Date of Birth should be provided in the format DD/MM/YYYY.

**C27** Gender: Mark an 'X' in the appropriate box.

**C28** The town where you were born.

**C29** The country where you were born.

**C30** Nationality: e.g. British.

## Additional Information

**C31** Mark an 'X' in the appropriate box. If 'Yes' complete **C32** below.

**C33** Mark an 'X' in the appropriate box. If 'Yes' complete **C34** & **C35** below.

**C36** Mark an 'X' in the appropriate box. If 'Yes' complete **C37** & **C38** below.

**C39** Mark an 'X' in the appropriate box. If 'Yes' complete **C40** – **C41** below.

**C42** If you have a National Entitlement Card issued by a Scottish Local Authority, enter the card number here.

**C43** This should be the electricity supply to your home and not your organisation. Please enter the 21 digit Electricity Supplier No.

**C44** Mark an 'X' in the appropriate box. If 'Yes' complete **C45** below.

## Home Address

**C46 – C52** This should record your current full home address, including the date from which you have been resident at this address.

## Address History

**C53 – C80** This section should be used to record all your previous addresses in the last 5 years.

**C81** If you have lived at any more than five addresses within that 5 year period, please mark an 'X' in the box provided. Using a separate sheet of paper, list any other addresses in the same format as given in section **C46 – C80**. Attach this separate piece of paper to the application form.

## NOTE D Declaration

**This part must be completed by the individual who completed PART C.**

By signing the declaration on the form you are making certain statements –

- You are confirming that you are likely to ask exempted questions within the meaning of the Rehabilitation of Offenders Act 1974, or to countersign applications under sections 113A or 113B of the Police Act 1997, or to make declarations in relation to disclosure requests made under sections 52 or 53 of the Protection of Vulnerable Groups (Scotland) Act 2007.
- You understand that Disclosure Scotland will use the information you have given to verify your identity and to check and process this application and that Disclosure Scotland will use this information and any other information relating to your registration for the purposes of its functions under the Police Act 1997 or the Protection of Vulnerable Groups (Scotland) Act 2007, for the purposes of prevention or detection of crime and for other related purposes. Disclosure Scotland will continuously monitor and update the information it holds about you.
- You understand that Disclosure Scotland will use your signature to check the countersignature on disclosure applications.
- You understand that Disclosure Scotland may pass the information it holds about you to other Government departments or organisations, the police and other law enforcement agencies for the purposes of its functions under the Police Act 1997 or the Protection of Vulnerable Groups (Scotland) Act 2007, for the purposes of prevention and detection of crime and of the apprehension and prosecution of offenders, and for other related purposes.
- You confirm that the information you have given is complete and correct.
- You understand that to knowingly make a false statement in this application is a criminal offence.
- You agree to give any additional information that may be required to verify the information given and will immediately notify any changes to this information.
- You confirm that you have read, understood, and will comply with the terms of the Code of Practice.

**D1/D2** This records the Registered Person's (or prospective Registered Person's) signature and date of signing. It is important that the signature is kept within the border of the box provided as this will be scanned into Disclosure Scotland systems and used for comparative purposes by Disclosure Scotland on receipt of all applications for Disclosures.

## NOTE E Countersignatory Checklist

**E1** If you wish to add additional Countersignatories to this application complete a separate Disclosure Registration Application form for each additional Countersignatory and state how many additional forms you have enclosed. The initial registration fee includes the cost for the registration of the organisation, the Registered Person and 4 Countersignatories **if submitted at the same time**. If Countersignatories are added later, the relevant charge will apply.

## NOTE F Authorisation

**This part is to be completed by the Registered Person or prospective Registered Person where this application is to add a Countersignatory.**

By signing the declaration on the form you are making certain statements –

- You understand that Disclosure Scotland will use the information you have given to check and process this application. Disclosure Scotland will use this information for the purposes of its functions under the Police Act 1997 or the Protection of Vulnerable Groups (Scotland) Act 2007, for the purposes of prevention or detection of crime and for other related purposes.
- You understand that Disclosure Scotland may pass the information to other Government departments or organisations, the police and other law enforcement agencies for the purposes of its functions under the Police Act 1997 or the Protection of Vulnerable Groups (Scotland) Act 2007, for the purposes of prevention and detection of crime and of the apprehension and prosecution of offenders, and for other related purposes.
- You confirm that the information you have given is complete and correct.
- You understand that to knowingly make a false statement in this application is a criminal offence.
- You agree to give any additional information that may be required to verify the information given and will immediately notify any changes to this information.

**F1/F2** This records the Registered Person's name and their Countersignatory Code (provided at time of initial registration).

**F3 – F5** This section is to be completed for Countersignatory applications. The Registered Person must provide confirmation of the documentation that they have seen as proof of identity of the proposed Countersignatory. A list of various pieces of acceptable identification is given, with accompanying tick boxes. An 'X' should be marked in each of the boxes to show which pieces of identification have been seen. **F4/F5** is to record any other piece of identification seen by the Registered Person.

**F6** If you are authenticating this application using 'URU', please supply the Authentication Reference number.

**F7/F8** This section provides boxes for the signature of the Registered Person and the date of signing the application. It is important that the signature is kept within the box provided for scanning purposes. The signature provided here will be checked against the sample provided on the Registration Application.

## NOTE G Invoice Manager Details

This part is to be completed to indicate whether or not your organisation requires an Invoice Manager whom you wish payment invoices to be sent.

**G1** Mark an 'X' in the appropriate box. If you mark an 'X' in the 'No' box, proceed to Part 'H'.

### Business Contact Details

#### Name(s)

**G2** Mark an 'X' in the appropriate box. Example of 'Other' maybe 'Reverend', 'Doctor' etc

**G3 – G5** Enter current surname and all forenames, not just initials.

#### Business Address

**G6 – G10** Please note this will be the delivery address that the Invoice will be sent to you.

#### Business Contact Information

**G11 – G12** You should insert the relevant telephone & facsimilie number including Area code, at which Disclosure Scotland will be able to contact you if necessary.

**G13 – G14** Please insert your business email address.

**G15** Please state your position within your organisation.

## NOTE H Payment

This part provides details of the payment method for Registration with Disclosure Scotland or adding additional Countersignatories

**H1** Please select your method of payment in this section and mark an 'X' in the appropriate box. **Only one** method should be selected.

**H2 – H7** This section is for your credit/debit card details. If you are paying by this method, please copy the details carefully from your card.

**H8 – H10** This section is to be completed for initial Registration application **only**. If you complete **H9** as 'No' please ensure that **H10** is completed.

## NOTE I Supporting Statement

**This part must be completed for Initial Registration Applications only by the prospective Registered Person for the organisation.**

- I1** If your organisation is registered with Companies House, please complete your registration number in this section. If it is not, then leave blank.
- I2** Mark an 'X' in the appropriate box. If 'Yes' please complete **I3 – I13** below.
- I14** Mark an 'X' in the appropriate box. If 'Yes' please complete **I15** below.
- I16/I17** Please provide details of the approximate number of Disclosure applications you anticipate submitting on an annual basis.
- I18 – I20** Mark an 'X' in the appropriate box. If 'Yes' please ensure that you provide a copy of the relevant policy with this application. The Code of Practice requires organisations to have a Secure Handling policy in place when making an application to register with Disclosure Scotland. A sample copy of the policy is available on the Disclosure Scotland website ([www.disclosurescotland.co.uk](http://www.disclosurescotland.co.uk)).
- I21/I22** Please provide a brief description of the function or purpose of your organisation paying specific attention to those which relate to your ability to obtain Standard/Enhanced Disclosures or PVG disclosure records.
- I23/I24** Please provide types of positions you will be requesting together with the required level of check(s). You should also explain why your organisation believes you are able to obtain checks for such positions. For PVG disclosure records, please identify whether they will be in respect of: regulated work with children only; regulated work with adults only; or both workforces.