

Application to join PVG Scheme



- * **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 pages 1, 2, and 3 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 Membership Statement (Countersigned)

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

A3 Do you wish to apply for an online account with Disclosure Scotland? Yes No If Yes, complete B21/B22.

PART B Personal Details (Read Note B)

Name(s)

B1 Title Mr Mrs Ms Miss Other

B2 Present Surname

B3 Present Forename(s)

B4

B5 Are you now, have you ever been, or were you at birth known by a different name? Yes No If 'Yes', enter details below.

B6 Surname

B7 Forename(s)

B8

B9 Surname

B10 Forename(s)

B11

B12 If you require more space use a separate piece of paper and cross (X) this box.

B13 Mother's Maiden or Family Name

Birth Details

B14/B15 Date of Birth DD / MM / YYYY Gender Male Female

B16 Town of Birth

B17 Country of Birth

B18 Nationality

Contact Details

B19 Day Contact No.

B20 Evening Contact No.

B21 Email Address

B22



Additional Information, Current Address & Address History

Additional Information

B23 Do you have a UK National Insurance Number? Yes No If 'Yes', enter details below.

B24 National Insurance No.

B25 Do you have a Passport? Yes No If 'Yes', enter details below.

B26 Full Passport No.

B27 Country of Issue

B28 Do you have a Driving Licence? Yes No If 'Yes', enter details below.

B29 Driving Licence No.

B30 Country of Issue

B31 Do you have a National Identity Card? Yes No If 'Yes', enter details below.

B32 National Identity Card No.

B33 Country of Issue

B34 National Entitlement Card No.

B35 Electricity Supplier No.

B36 Are you now, or have you ever been a member of the PVG Scheme? Yes No If 'Yes', enter details below.

B37 PVG Scheme ID

B38 Are you now, or have you ever been registered with the ISA? Yes No If 'Yes', enter details below.

B39 ISA Registration No.

Current Address

This is the address which will be printed on the applicant's certificate, and to which the certificate will be sent.

B40 Address (Number, Street)

B41

B42 Post Town

B43 County

B44/45 Post Code Resident From /

B46 Country

Address History

Please provide your address history in the last five years. (Most recent first, excluding current address.)

B47 Address (Number, Street)

B48

B49 Post Town

B50 County

B51/B52 Post Code Resident From /

B53 Country

B54 Address (Number, Street)

B55

B56 Post Town

B57 County

B58/B59 Post Code Resident From /

B60 Country



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 / Issue Number (If applicable)

D7 Name of Cardholder

D8/D9 Cardholder's Signature Signature Date / /

PLEASE KEEP SIGNATURE WITHIN BOX

Voucher Payment

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



Personal Employer Details and Declaration

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

Role Details

G1 Is the Applicant already undertaking regulated work in the position to which this application relates? Yes No

G2 Will the work be carried out at the home address of the Applicant? Yes No

G3 Position Applied For
G4

Personal Employer Details

G5 Title Mr Mrs Ms Miss Other

G6 Surname

G7 Forename(s)

G8

G9 Contact Phone No.

G10 Email Address

G11

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

G12 Address (Number, Street)

G13

G14 Post Town

G15 County

G16 Post Code

G17 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.

H1/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.