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Disclosure Registration 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**.
- * See our website www.disclosurescotland.co.uk for assistance.
- * Alternatively, email info@disclosurescotland.co.uk with any questions, or phone the help line on **0870 609 6006 (Fax 0870 609 6996)**.
- * **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 to assist with any future query.

FOR OFFICIAL USE ONLY

PART A Type of Application (Read Note A)

A1 Cross (X) one box only. Initial Registration Add Registered Person or Countersignatory

PART B Organisation Details (Read Note B)

PART B must be completed by the Registered Person or prospective Registered Person for the Organisation.

B1 Organisation Name

B2

B3 Registered Body Code (Leave blank for initial application)

B4 Will you be countersigning applications on behalf of another organisation? Yes No

PART C Registered Person or Countersignatory Details (Read Note C)

C1 Are the details provided below for the Registered Person of the organisation? Yes No

Business Contact Details

C2 Position in Organisation

C3 Contact Phone No.

C4 Contact Fax No.

C5 Do you have an email address? Yes No If 'Yes', enter details below.

C6 Email Address

C7

Business Address

C8 Address (Number, Street)

C9

C10 Post Town

C11 County

C12 Post Code

Name(s)

C13 Title Mr Mrs Ms Miss Other

C14 Present Surname

C15 Present Forename(s)

C16



Registered Person or Countersignatory Details (continued)

Name(s) (continued)

C17 Are you now, have you ever been, or were you at birth known by a different name? Yes No If 'Yes', enter details below.

C18 Surname

C19 Forename(s)

C20

C21 Surname

C22 Forename(s)

C23

C24 If you require more space use a separate piece of paper and cross (X) this box.

C25 Mother's Maiden or Family Name

Birth Details

C26/C27 Date of Birth DD / MM / YYYY Gender Male Female

C28 Town of Birth

C29 Country of Birth

C30 Nationality

Additional Information

C31 Do you have a UK National Insurance Number? Yes No If 'Yes', enter details below.

C32 National Insurance No.

C33 Do you have a Passport? Yes No If 'Yes', enter details below.

C34 Full Passport No.

C35 Country of Issue

C36 Do you have a Driving Licence? Yes No If 'Yes', enter details below.

C37 Driving Licence No.

C38 Country of Issue

C39 Do you have a National Identity Card? Yes No If 'Yes', enter details below.

C40 National Identity Card No.

C41 Country of Issue

C42 National Entitlement Card No.

C43 Electricity Supplier No.

C44 Are you now, or have you ever been, a PVG Scheme Member? Yes No If 'Yes', enter details below.

C45 PVG Scheme ID



Declaration, Countersignatory Checklist and Authorisation

PART D Declaration (Read Note D)

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

I confirm that I am 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.

I understand the following:

- Disclosure Scotland will use the information I have given to verify my identity and to check and process this application. Disclosure Scotland will use this information and any other information relating to my 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 me.
- Disclosure Scotland will use my signature below to check the countersignature on disclosure applications.
- 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 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.

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.

I have read, understood, and will comply with the terms of the Code of Practice.

D1/D2

Signature

PLEASE KEEP SIGNATURE WITHIN BOX

Signature Date

DD / MM / YYYY

PART E Countersignatory Checklist (Read Note E)

E1 If you wish to add additional Countersignatories to this application, complete a separate Disclosure Registration Application form for each Countersignatory and state how many additional forms you have completed in these boxes:

PART F Authorisation (Read Note F)

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

F1 Registered Person Name

F2 Registered Person Code (Leave blank for initial application)

Confirmation of Identity

The Registered Person must satisfy themselves as to the identity of the prospective Countersignatory. A minimum of three forms of identity must be checked; if possible, one of which should be photographic. These should confirm the name, the date of birth and the current home address of the prospective Countersignatory. Cross the appropriate boxes below to confirm what has been checked.

F3 Birth Certificate Passport Driving Licence (with photograph) Driving Licence (without photograph) National ID Card National Entitlement Card Other

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

F4

F5

F6 Authentication Reference No.

Declaration

I understand the following:

- Disclosure Scotland will use the information I 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.
- 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.

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.

F7/F8

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 your Registration application.



Invoice Manager Details

PART G Invoice Manager Details (Read Note G)

To be completed by the Registered Person or prospective Registered Person.

G1 Do you require an Invoice Manager for the organisation? Yes No If 'Yes', enter details below.

(This is the person whom you wish the invoice to be sent to if different from the Registered Person.)

Business Contact Details

G2 Title Mr Mrs Ms Miss Other

G3 Surname

G4 Forename(s)

G5

Business Address

G6 Address (Number, Street)

G7

G8 Post Town

G9 County

G10 Post Code

Business Contact Information

G11 Contact Phone No.

G12 Contact Fax No.

G13 Email Address

G14

G15 Position in Organisation



Supporting Statement

PART I Supporting Statement (Read Note I)

This PART is only to be completed for Initial Registration Applications.
This PART must be completed by the prospective Registered Person of the organisation.

11 Companies House No.

12 Are you registered as a care service? Yes No If 'Yes', enter details below.

13 Organisation Name
 14

List the care services your organisation is registered to provide and the corresponding registration number.

15 Care Service

16 Registration No.

17 Care Service

18 Registration No.

19 Care Service

110 Registration No.

111 Care Service

112 Registration No.

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

114 Are you a registered charity? Yes No If 'Yes', enter details below.

115 Registered Charity No.

Please provide an approximate number of Disclosure applications you will be submitting on an annual basis.

116 Police Act Disclosures

117 PVG Applications

Disclosure Policies

You must have a policy on the secure storage, handling, use, retention and disposal of Disclosure information in place prior to submitting this application to evidence that the prospective Registered Person will comply with the Disclosure Scotland Code of Practice. **A copy of this policy must be attached to this statement.** A sample policy is available on the Disclosure Scotland website www.disclosurescotland.co.uk.

Disclosure Scotland recommends as best practice that you have the following policies in place (where relevant). Please confirm if you have these policies and provide copies.

118 Recruitment of Ex-offenders Yes No If 'Yes', please provide a copy.

119 Child Protection Policy Yes No If 'Yes', please provide a copy.

120 Protected Adult Policy Yes No If 'Yes', please provide a copy.



Supporting Statement (continued)

PART I Supporting Statement (Read Note I)

Function/Purpose of Organisation

121 Please provide a brief description of the function or purpose of your organisation, with specific reference to those which relate to your ability to obtain Standard or Enhanced Disclosures or PVG disclosure records.

[This area is currently blank and contains a large diagonal watermark reading 'DRAFT']

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

123 Please provide types of positions you will be requesting checked together with the required level of check(s). You should also explain why you believe you are able to obtain checks for such positions.

[This area is currently blank and contains a large diagonal watermark reading 'DRAFT']

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