



Disclosure Registration Modification

Protecting Vulnerable Groups 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**.
- * 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 returned to you.
- * 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. Modify Registered Person or Countersignatory Details Remove Registered Person or Countersignatory Modify Registration Details

PART B Organisation Details (Read Note B)

B1 Organisation Name

B2

B3 Registered Body Code

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

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

C1 Registered Person or Countersignatory Code

C2 Date of Birth DD / MM / YYYY

Name

C3 Title Mr Mrs Ms Miss Other

C4 Present Surname

C5 Present Forename(s)

C6

Business Contact Details

C7 Position in Organisation

C8 Contact Phone No.

C9 Contact Fax No.

C10 Email Address

C11

Business Address

C12 Address (Number, Street)

C13

C14 Post Town

C15 County

C16 Post Code

Please answer question C17 when applying to modify Registered Body details. (For all other applications leave blank.)

C17 Do you require the modified address details to be applied to all countersignatories within your organisation? Yes No

Registered Person or Countersignatory Details, Invoice Manager Details and Payment Details



123456789123456789

Home Address

C18 Address (Number, Street)

C19

C20 Post Town

C21 County

C22 Post Code

C23 Country

PART D Invoice Manager Details (Read Note D)

To be completed by the Registered Person.

D1 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

D2 Title Mr Mrs Ms Miss Other

D3 Surname

D4 Forename(s)

D5

Business Address

D6 Address (Number, Street)

D7

D8 Post Town

D9 County

D10 Post Code

Business Contact Information

D11 Contact Phone No.

D12 Contact Fax No.

D13 Email Address

D14

D15 Position in Organisation

PART E Payment Details (Read Note E)

Future Applications

E1 Will you be paying for applications which you countersign? Yes No

E2 Do you require an invoice facility? Yes No If No, please indicate payment method below.

E3 Method of payment Cheque Credit/Debit Card Postal Order Voucher



Declaration and Registered Person Authorisation

PART F Declaration (Read Note F)

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

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 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.

F1/F2 Countersignatory Signature Signature Date / /

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

F3/F4 New Countersignatory Signature Signature Date / /

The signature that you supply here will be used to check the countersignature on Disclosure applications. It is essential to keep the signature within the box.

PART G Authorisation (Read Note G)

This PART is to be completed by the Registered Person.

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.

G1 Registered Person Name

G2 Registered Person Code

G3/G4 Registered Person Signature Signature Date / /

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



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DRAFT