



Existing 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.
- * **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.
- * **Information contained on this form may be passed to other Government organisations and law enforcement agencies for the purpose of checking your application.**



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 with declaration

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 the type(s) 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 / /

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

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

Regulatory Body Details (see Guidance Notes)

B8 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)

Information you have supplied on this form and on the scheme membership record to which this relates may be passed to other Government organisations and law enforcement agencies.

I declare that, to the best of my knowledge and belief, all of the information that I have given in connection with this application is full and correct in every respect. I undertake to supply any additional information that may be required by Disclosure Scotland to verify the particulars given and also to inform Disclosure Scotland immediately of any alterations in these particulars.

WARNING It is an offence if you knowingly make a false statement for the purposes of obtaining, or enabling another person to obtain, a Disclosure Record. The work of Disclosure Scotland includes checking that all the information given is genuine.

By signing C1 you are agreeing to the above conditions of application.

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