

Application form

406



Disclosure & Barring Service

SOMERSET LOCAL MEDICAL COMMITTEE
CROWN MEDICAL CENTRE
VENTURE WAY
TAUNTON
SOMERSET
TA2 8QY

Form Ref

F0100156314

COMPLETED EXAMPLE FORM

**All applicant information included in this form is
fictitious
and used for demonstrative purposes only**

PO Box 110,
Liverpool L69 3EF

If you would like to keep your DBS certificate up to date why not also join our Update Service at www.gov.uk/dbs

This form can be used to apply for a Disclosure and Barring Service (DBS) check. APPLICANTS MUST COMPLETE SECTIONS a, b, c AND e ONLY. DO NOT COMPLETE SECTIONS d, w, x, y OR z. If you require help in completing the form, you can call the DBS on 0870 90 90 811, visit our website on www.gov.uk/dbs or talk to the person who provided you with this form.

Failure to complete this form correctly will delay your application. Applicants need not enter names relating to their previous gender, but must contact the Sensitive Team on Sensitive@dbs.gsi.gov.uk if this option is to be exercised.

YOU MUST

- Use **BLACK INK** throughout.
- Use **CAPITAL LETTERS** when completing the form.
- Complete all sections marked in **YELLOW** – if you do not, your form will be returned unprocessed and this will delay your application.
- Write clearly and insert only one character in each box.
- Put a line through a mistake, and correct it to the right.
- Mark choices in the box with a cross (X).
- Keep your signature(s) within the box provided.
- Provide all addresses where you have lived in the last 5 years. If you have lived overseas within this period please include these addresses.

YOU MUST NOT

- Write over the edges of each box.
- Place stamps or stickers on the form.
- Staple anything to the form.
- Use correction fluid.
- Strike out a section that is not applicable. Please leave it blank.

proving your identity

After you have completed sections a, b, c and e please return the form to the person who provided you with the form. They will then ask you to provide a range of documents to confirm your identity. Please refer to the ID checking guidelines which can be found at www.gov.uk/dbs

identity documents

- You must provide **original documentation only**; photocopies will not be accepted.
- At least one document must confirm your **current name**, as recorded in section a.
- At least one document must confirm your **date of birth**, as recorded in section a.
- At least one document must confirm your **current address**, as recorded in section b and should be issued within a certain period, see ID checking guidelines.
- Wherever possible, where you hold a document containing a photograph from the approved identity document list, this should be submitted.

fair processing notice

The Disclosure and Barring Service will refer the details provided on this application form to government and law enforcement bodies in accordance with any relevant legislation. The details provided to these bodies will be used for identifying possible matches to records held by them. Where such a match is established, data may be released to the DBS for inclusion on any certificate issued. The details provided on this form may be used to update the records held by the bodies specified above. The details provided on this application form may be used to verify your identity for authentication purposes. The DBS may use any information provided by the DBS on a certificate or otherwise held by the DBS to inform any of its barring decisions made under its powers within the Safeguarding Vulnerable Groups Act 2006.

applicant's checklist

Before you pass this form to the person who provided it to you, please ensure you have:

- Completed all the **mandatory** fields, highlighted in yellow in sections a, b and e.
- Provided all the addresses where you have lived in the last 5 years.
- Signed the declaration in section e.

Now pass the following to the person who provided you with this form:

- Application form.
- Identity documents.
- Continuation sheets (if you have used any), available from www.gov.uk/dbs
- Payment (if you have been asked to provide this).

APPLICANTS MUST COMPLETE SECTIONS a, b, c AND e ONLY.

DO NOT COMPLETE SECTIONS d, w, x, y OR z

a applicant's details

1 title

mr ☐ mrs ☒ miss ☐ ms ☐ other ☐

2 surname

MOUSE

3 forename(s)

MINNIE ALICE All forenames to be included

4 have you ever been known by any other names?

no ☐ yes ☒ If 'yes' you must complete the full name(s) in a5 - a13 as appropriate, if 'no' go to a14

Use a continuation sheet if necessary, available from www.gov.uk/dbs

5 surname

BOO

6 forename(s)

MINNIE ALICE

7 dates from and to

051970 - 071989 month and year only

8 surname

9 forename(s)

10 dates from and to

11 surname

12 forename(s)

13 dates from and to

14 date of birth

19051970 Full date required day, month and year

15 gender

male ☐ female ☒

16 place of birth (town)

TAUNTON

17 place of birth (country)

UK

18 e-mail address

MINNIE.MOUSE@DISNEY.COM

19 contact telephone number

20 do you have a national insurance number?

no ☐ yes ☒ If 'yes' you must complete a21, if 'no' go to a22

21 national insurance number

NS1234567

22 do you hold a valid UK driving licence?

no ☐ yes ☒ If 'yes' you must complete a23, if 'no' go to a24

23 driving licence number

MOUSE1234567MA12Z3

24 do you hold a valid passport?

no ☐ yes ☒ If 'yes' you must complete a25, a26, and a27, if 'no' go to a30

25 passport number

12345678

26 nationality

BRITISH

27 country of issue

UK

28 not used

DO NOT USE

29 not used

DO NOT USE

30 do you have a Scottish vetting & barring number?

no ☒ yes ☐ If 'yes' you must complete a31, if 'no' go to section b

31 Scottish vetting & barring number

registered body use only

a1-a3 verified ☐

a14 verified ☐

a21 verified ☐

a23 verified ☐

a25 verified ☐

b current address

Please give details of your current address.

This is the address to which all correspondence will be sent.

32 address

C R O W N M E D I C A L C E N T R E
V E N T U R E W A Y

33 town/city

T A U N T O N

34 county

S O M E R S E T

35 UK postcode

T A 2 8 Q Y

36 country

UK

37 at address since

0 5 2 0 0 8 month and year only

registered body use only

current address
verified?☐You must provide all other addresses where you have lived in the last 5 years.
There must be no gaps in dates, however, overlapping dates are acceptable.Use a continuation sheet if necessary, available from www.gov.uk/dbis

If not applicable, go to section e.

c other addresses

38 address

W E L L S P R I N G S R O A D

39 town/city

T A U N T O N

40 county

S O M E R S E T

41 UK postcode

T A 2 7 P Q

42 country

UK

43 dates from and to

0 5 2 0 0 1 0 5 2 0 0 8 month and year only

44 address

I D P R I N T E N D R O A D

45 town/city

T A N T O N

46 county

S O M E R S E T

47 UK postcode

T A 6 O N V

48 country

UK

49 dates from and to

0 4 1 9 9 8 0 5 2 0 0 1 month and year only

d do not complete

50 not used

D O N O T U S E

51 not used

D O N O T U S E

52 not used

D O N O T U S E

53 not used

D O N O T U S E

54 not used

D O N O T U S E

e declaration by the applicant55 do you have any convictions, cautions,
reprimands or final warnings which
would not be filtered in line with
current guidance?no ☒ yes ☐

Applicant declaration

(please sign within the box provided)

56 declaration by the applicant

By signing the applicant declaration box I confirm that the information
that I have provided in support of this application is complete and true
and understand that knowingly to make a false statement for this
purpose may be a criminal offence.

57 date of signature

2 5 0 8 2 0 1 5

S A Smith

For help and assistance in completing this page please follow DBS guidance on the website - www.gov.uk/dbs
Complete all sections marked in **BLUE** - if you do not, this form will be returned unprocessed and this will delay this application.

W evidence of identity

58 name of evidence checker **C L A I R E W I N C H E S T E R L Y**

59 have you established the true identity of the applicant, by examining a range of documents as set out in DBS guidance, and verified the information provided by the applicant in sections a and b, by completing the verification check boxes? no ☐ yes ☒

X apply for a DBS check

60 not used **D O N O T U S E**

61 position applied for **C H I L D A N D A D U L T W O R K F O R C E**
JOB TITLE -> P R A C T I C E N U R S E

62 organisation name **S O M E R S E T L M C** Your organisation name

63 level of DBS check Please cross one box only standard ☐ If crossed go to x67 enhanced ☒ If crossed go to x64

64 are you entitled to know whether the applicant is barred from working with children? no ☐ yes ☒

65 are you entitled to know whether the applicant is barred from working with adults? no ☐ yes ☒

66 does this position involve working with children or adults at the applicant's home address? no ☒ yes ☐

67 application type application is for a new post holder ☒
application is for an existing post holder ☐
application is for an existing post holder who is being re-checked ☐

68 is this application for a free of charge volunteer? no ☒ yes ☐ By placing a cross in the yes box, you confirm that the post meets the DBS definition of a free of charge volunteer application. Please note that DBS may recover the application fee if this box is marked in error and that this could result in the cancellation of your DBS registration.

y statement by registered person

Below to be completed by Somerset LMC ONLY

69 registered body number **2 9 6 8 7 8 0 0 0 0 9** 70 countersignatory number **2 9 6 8 7 8**

71 do you have payment on account? no ☐ yes ☒ Please enclose payment if required

72 declaration by registered person

I confirm that the requisite documentation and information has been supplied and checked in accordance with DBS guidance. I declare that the information I have provided in support of the application is complete and true and understand that knowingly to make a false statement for this purpose may be a criminal offence. I certify that, where requested, an application for a DBS check is required for the purpose of asking an exempted question under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975; or for a prescribed purpose as defined in the Police Act 1997 (Criminal Records) Regulations 2002.

Signature of registered person
(please sign within the box provided)

73 date of countersignature

Z DBS use only

74 payment type received cheque ☐ postal order ☐ multipayment ☐ voucher ☐