

PLEASE LEAVE SECTIONS X, Y AND Z COMPLETELY CARE TO COMPLETE THIS PAGE

SECTIONS X-Z MUST NOT BE COMPLETED BY APPLICANT

X	Evidence of identity seen by the employer/volunteering organisation/Registered Body		(Please refer to the Code of Practice and your guidance notes)
1/2	Passport number	<input type="text"/>	Date of birth <input type="text"/>
3/4	Nationality	<input type="text"/>	Issue date <input type="text"/>
5/6	Driving licence number	<input type="text"/>	Date of birth <input type="text"/>
7/8	Licence type	Paper <input checked="" type="checkbox"/> Photocard <input checked="" type="checkbox"/>	Licence valid from <input type="text"/>
9	Country of issue	UK <input checked="" type="checkbox"/> Other <input type="text"/>	
10/11	Birth Certificate Date of Birth	<input type="text"/>	Issue date <input type="text"/>
12	Country of issue	UK <input checked="" type="checkbox"/> Other <input type="text"/>	
13/14	Marriage Certificate Issue date	<input type="text"/>	P45 or P60 National Insurance number <input type="text"/>
15	Current address details checked against documentation Yes <input checked="" type="checkbox"/>		
16	Evidence seen and checked by	Name <input type="text"/>	
Y	Statement by Registered Person		(Please refer to the Code of Practice and your guidance notes)
1/2	Registered Body number	26156400000	Countersignatory number <input type="text"/>
3/4	The position involves working with children <input checked="" type="checkbox"/>	The position involves regular contact with vulnerable adults <input checked="" type="checkbox"/>	
5	The category code for this position is	<input type="text"/>	
6/7	The level of criminal record check required in respect of this application is	Standard <input checked="" type="checkbox"/> Enhanced <input checked="" type="checkbox"/>	
8	Registered Body to pay	On account <input checked="" type="checkbox"/> Payment enclosed <input checked="" type="checkbox"/> Volunteer-no payment due <input checked="" type="checkbox"/>	
9	Declaration by Registered Person I certify that this application is for the purpose of asking an exempted question under the terms of The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and is made in accordance with all relevant legislation. I confirm that the requisite documentation and information has been supplied and checked in accordance with CRB guidance. I declare that the information I have provided in support of the application is complete and true and understand that to knowingly make a false statement for this purpose is a criminal offence.	Signature of Registered Person (please sign in the box provided)	<input type="text"/>
10	Date of countersignature	<input type="text"/>	
Z	Official use only		
1	Correct payment received	Cheque <input checked="" type="checkbox"/> Postal order <input checked="" type="checkbox"/>	
2	Examined by: <input type="text"/>		

402

Disclosure Application Form



Criminal Records Bureau

An Executive Agency of the Home Office

PO Box 110, Liverpool L69 3EF

COMPLETELY CARE LIMITED
COMPLETELY CARE LTD
ELMS COURT
BOTLEY
OX2 9LP

096646

Form Ref
F0051054139

Disclosure Type

Please complete sections A-H in BLOCK CAPITALS; it is important that you use BLACK INK. The Disclosure Application Form Guidance Notes will help you complete this form, however, if you need additional help please contact the application line on 0870 90 90 844

A	Applicant's details	PLEASE COMPLETE SECTION A
1	Title	Mr <input checked="" type="checkbox"/> Mrs <input checked="" type="checkbox"/> Miss <input checked="" type="checkbox"/> Ms <input checked="" type="checkbox"/> Other <input type="text"/>
2	Surname	<input type="text"/>
3	Forename(s)	<input type="text"/>
4	Current address	<input type="text"/>
5		<input type="text"/>
6	Town/City	<input type="text"/>
7	County	<input type="text"/>
8/9	Postcode	<input type="text"/> At current address since <input type="text"/> (month and year)
10/11	Date of birth	<input type="text"/> Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>
12	National Insurance number	<input type="text"/>
B	Details of position for which Disclosure is being requested	PLEASE COMPLETE SECTION B
13	Position applied for	<input type="text"/>
14	Organisation name	<input type="text"/>
	Organisation address	<input type="text"/>
15	Address	<input type="text"/>
16		<input type="text"/>
17	Town/City	<input type="text"/>
18	County	<input type="text"/>
19	Postcode	<input type="text"/>

C Additional personal details **PLEASE COMPLETE SECTION C**

20 Surname at birth (if different)

21 Used until (year)

22 Any other surname used

23/24 Used from used to (year)

25 Any other forename(s) used

26/27 Used from used to (year)

Place of Birth *Please enter town/city names and county/district names in full as recorded on your Birth Certificate*

28 Town/City

29 County/District

30/31 Born in the UK Yes No If no, please state country

32 Nationality

33 Home telephone number

34 Work telephone number

35 Preferred contact number and time

D Previous addresses **PLEASE COMPLETE SECTION D**
USE CONTINUATION SHEET IF REQUIRED

36 Address

37 Town/City

38 County

40/41 Postcode Country

42/45 Period at previous address From date To date (month and year)

E Additional information **PLEASE LEAVE SECTION E**

46 Current marital status Single Married Divorced Widowed Separated Other

47 Number of financially dependent children under age 16

48/49 Bank/Building Society account Sort code Account number

50 Employment status Cross ONE box only Employed Self Employed Unemployed Student Other

51 Occupancy status Cross ONE box only Owner occupier Living with parent Renting Other

52 Mother's maiden name

F Referee details **PLEASE LEAVE SECTION E**

53 Title Mr Mrs Miss Ms Other

54 Referee surname

55 Referee forename(s)

56 Referee occupation

57 Home address

58 Town/City

60 County

61 Postcode

62 Home telephone number

63 Relationship to applicant Parent/Guardian Other

64 Number of years known

G Payment **PLEASE ENCLOSE A CHEQUE**
MADE OUT TO 'COMPLETELY CARE LTD' FOR £53.25

H Applicant declaration and consent **PLEASE COMPLETE SECTION H**

After you have checked the information provided in Sections A-G, please complete Section H and sign the application form in the space(s) provided.

66 Do you have any unspent criminal convictions? Yes No

67 Please cross this box if you have supplied additional information with this application

68 Declaration by Applicant
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 is a criminal offence.

Signature of applicant (please sign in the box provided)

69 Consent of Applicant
I consent to the CRB checking the details I have provided in support of this application against the data sources specified in the notes for guidance, in order to verify my identity and process this application. These details may be recorded and used to assist other organisations for identity verification purposes.

Signature of applicant to indicate consent (please sign in the box provided)

70 Date of Application

After you have signed the form please send it to the person who asked you to apply for a Disclosure - DO NOT return the form to the CRB at this stage.