**Please complete this form using CAPITAL LETTERS. This information will be entered online and stored securely until we have notification that the online process has been completed when the form will be shredded.**

**As far as possible all dates must include the day, month, year e.g. 23/04/2025**

**Name of GNS Scheme**: .........................................................................................................................................................

**PLEASE COMPLETE**

|  |  |  |
| --- | --- | --- |
| Please circle: Male Female | Title: | Date of birth: |
| First name: | Last name: | Middle name(s)  |
| **Have you ever been known by any other name e.g. maiden name** Yes/No If yes please complete the boxes below |
| Surname: | Forename: | Dates from DD/MM/YYYY to DD/MM/YYYY |
| Surname: | Forename: | Dates from DD/MM/YYYY to DD/MM/YYYY |
| Surname: | Forename: | Dates from DD/MM/YYYY to DD/MM/YYYY |

**Your contact details:**

|  |  |
| --- | --- |
| Home Phone Number: | Mobile Number |

 Email address - this is required to complete your application

Please complete as it appears on your **birth certificate**:

|  |  |  |  |
| --- | --- | --- | --- |
| Place of birth (town) | County  | Country of Birth | Date of issue DD/MM/YYYY |

|  |  |
| --- | --- |
| Do you have a **National Insurance Number**?Yes No | If yes, please write it here: |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you hold avalid **UK Driving Licence**?Yes No | If yes please write the full number here (photo IDs have 18 digits) | Date of issue DD/MM/YYYY Expiry dateDD/MM/YYYY | Place of issue: |

|  |
| --- |
| **Group Two Identification Documents.** Circle which document(s) used for identity purposes. **The following documents must be dated within three months of the application**: Bank/Building Society statement, Credit Card Statement, Utility Bill. Date(s) of issue DD/MM/YYYY**These documents must be dated within 12 months of the application**: Pension statement, Mortgage statement, Work Permit or Visa, Benefit statement, Dept. of Work and Pensions document, Council Tax Bill, P45/P60 Date(s) of issue DD/MM/YYYY |

**Current Passport Information**

|  |  |  |
| --- | --- | --- |
| Do you hold a current valid passport?Yes No | If yes, please write your passport number here: | Date of issue DD/MM/YYYYExpiry date DD/MM/YYYY |
| Full name as written on the passport: | Place/Country of issue: |

 **What is your current nationality?**

**Current Address: This is the address to which your certificate will be sent**

|  |  |
| --- | --- |
| Address |  |
| Town/City |  |
| County |  |
| UK postcode |  | Country: |
| At address since DD/MM/YYYY |  |

You must provide all other address where you have lived in the **last five years**. There must be no gaps in dates, however, overlapping dates are acceptable. Please add below and on the back of this form if necessary.

|  |  |
| --- | --- |
| Address |  |
| Town/City |  |
| County |  |
| UK postcode |  | Country: |
| Dates to-from DD/MM/YYYY |  |

|  |  |
| --- | --- |
| Address |  |
| Town/City |  |
| County |  |
| UK postcode |  | Country: |
| Dates to-from DD/MM/YYYY |  |

**Declaration by the applicant:**

Do you have any convictions, cautions, reprimands or final warnings which would be filtered in line with current guidance (please circle as appropriate)

 Yes No

By signing the 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.

Please sign:

Date of signature: .......................................

To be complete by the evidence checker:

|  |
| --- |
| Name of evidence checker:Date of checking: |
| Have you established the true identity of the applicant, by examining a range of documents as set out in the DBS guidance and verified the information provided by the applicant? | Yes NoPlease circle |
| Is this application being made as part of the Good Neighbour Schemes? | Yes NoPlease circle |
| Position applied for:e.g. Volunteer driver/befriender/practical tasks |

|  |  |
| --- | --- |
| Are you entitled to know whether the applicant is barred from working with children?  | Yes No(please circle) |
| Are you entitled to know whether the applicant is barred from working with adults? | Yes No(please circle) |
| Does this position involve working with children or adults at the applicant’s home address?  | Yes No (please circle) |

|  |  |
| --- | --- |
| Is this application for a new post holder? | Yes No  (please circle) |
| Is this application for an existing post holder | Yes No (please circle) |
| Is this application for an existing post holder who is being re-checked? | Yes No (please circle) |

Revised Oct 2025