http://www.witneytv.co.uk/images/1229023_160869_New%20Image%20-%20Volunteer%20Link%20Up%20Logo.JPG?action=thumbnail&width=210&height=210

**Thame Good Neighbour Scheme**

**Disclosure & Barring Service Application Form**

Please complete this form using **CAPITAL LETTERS**. Due to changes in the way our DBS forms are authorised, this information will be entered online and stored securely until the DBS certificate number and issues date is released.

Please provide the following documents to be used for identity purposes against the information you have provided:

* Passport
* Driving Licence
* Council Tax bill **or** Bank/Building Society statement **or** Credit Card statement **or** P45/P60 **or** Utility bill **or** Pension statement **or** Mortgage statement **or** Work permit/Visa **or** Benefit statement ***(issued within the last 3 months)***

**Name**

|  |  |  |  |
| --- | --- | --- | --- |
| Title: | Mr  Mrs  Miss  Ms  Other: | | |
| Forename: |  | | |
| Middle Name (if applicable): |  | | |
| Surname: |  | | |
| Have you ever been known by another name?  *If yes, please complete the boxes below* | | Yes  No | |
| Surname: | Forename: | | Dates from/to (MM/YY): |
| Surname: | Forename: | | Dates from/to (MM/YY): |
| Surname: | Forename: | | Dates from/to (MM/YY): |

**Contact Details**

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

**Birth Certificate** *please complete as it appears on your birth certificate*

|  |  |
| --- | --- |
| Date of Birth (DD/MM/YY) |  |
| Place of Birth (Town): |  |
| County of Town: |  |
| Country of Birth: |  |
| Date of Issue (DD/MM/YY): |  |

**National Insurance Number**

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

**Driving Licence**

|  |  |  |
| --- | --- | --- |
| Do you hold a valid UK Driving Licence? | | Yes  No |
| Driving License Number (18 digits): | |  |
| Date of Issue (DD/MM/YY): |  | |
| Issued by: |  | |

**Passport Information**

|  |  |  |
| --- | --- | --- |
| Do you hold a current valid passport? | | Yes  No |
| Passport Number: |  | |
| Date of Issue (DD/MM/YY: |  | |
| Full Name as written on passport: |  | |
| Place/Country of Issue: |  | |

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

|  |  |
| --- | --- |
| Address: |  |
| Town/City: |  |
| County: |  |
| Postcode: |  |
| Country: |  |
| At address since (MM/YY): |  |
| Proof of Address  (e.g. Council tax statement): |  |
| Proof of Address Date of Issue: |  |

*You must provide all other addresses where you have lived in the* ***last five years****. There must be no gaps in dates, however, overlapping dates are acceptable. Continuation sheets can be provided if necessary.*

|  |  |
| --- | --- |
| Address: |  |
| Town/City: |  |
| County: |  |
| Postcode: |  |
| Country: |  |
| Dates from/to (MM/YY): |  |
| Address: |  |
| Town/City: |  |
| County: |  |
| Postcode: |  |
| Country: |  |
| Dates from/to (MM/YY): |  |

**Declaration by the applicant:**

Do you have any convictions, cautions, reprimands or final warnings which would be filtered in line with current guidance? 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 I understand that knowingly to make a false statement for this purpose may be a criminal offence.*

***Please sign:*** Date of signature:

     

***Due to Data Protection rules, Thame Good Neighbour Scheme does not receive a copy of the certificate that is issued – you receive the only copy. We would therefore appreciate it if you could inform us as soon as you receive your certificate so that we can update our records. Thank you for your co-operation.***

***To be completed by the Thame Good Neighbour Scheme Co-ordinator or evidence checker:***

|  |  |  |
| --- | --- | --- |
| Name of evidence checker: |  | |
| Date of check: |  | |
| Have you established the true identity of the applicant, by examining the range of documents as set out in the DBS guidance and verified the information provided by the applicant? | | Yes  No |
| Is the application being made as part of the Good Neighbour Scheme? | | Yes  No |
| Position applied for: |  | |
| Are you entitled to know whether the applicant is barred from working with children? | | Yes  No |
| Are you entitled to know whether the applicant is barred from working with adults? | | Yes  No |
| Does the position involve working with children or adults at the applicant’s home address? | | Yes  No |
| Is this application for a new post holder? | | Yes  No |
| Is this application for an existing post holder? | | Yes  No |
| Is this application for an existing post holder who is be re-checked? | | Yes  No |