**DBS Application form – Applicant Details:**

Please enter your details into the right-hand column in **CAPITAL LETTERS**

in the fields below and then return to the person who asked you to fill in this form

|  |  |
| --- | --- |
| **Personal Details:** | |
| Title: (please circle/delete): | Mr / Miss / Miss / Ms / other................................. |
| Current Full Name: |  |
| First name: |  |
| Middle Name/s: |  |
| Surname: |  |
| Date of Birth: |  |
| Gender: | Male / Female |
| Do you hold a valid Passport? | Yes / No |
| If Yes, provide Passport Number: |  |
| Passport DOB: |  |
| Passport Date of Issue: |  |
| Do you hold a Valid UK Driving Licence? | Yes / No |
| If Yes, provide Driving Licence Number: |  |
| Driving Licence DOB: |  |
| Driving Licence Date of Issue: |  |
| NI Number \*not mandatory: |  |
| Language: (please circle/delete) | English /Welsh |
| Telephone Number \*not mandatory |  |
| Email address \*not mandatory |  |
| **Full 5 Year Address History nb: postcode must be provided if in UK** | |
| **Current Address:** | |
| Address Line 1: |  |
| Address Line 2: |  |
| Town: |  |
| Postcode |  |
| County: |  |
| Country: |  |
| Date From (month/year): |  |

|  |  |
| --- | --- |
| **Other addresses (dating back to last 5 years if applicable)**  **-use extra sheet if needed** | |
| **Address 2 (if applicable):** | |
| Address Line 1: |  |
| Address Line 2: |  |
| Town: |  |
| Postcode |  |
| County: |  |
| Country: |  |
| Date From (month/year): |  |
| Date To (month/year): |  |
| **Address 3 (if applicable):** | |
| Address Line 1: |  |
| Address Line 2: |  |
| Town: |  |
| Postcode |  |
| County: |  |
| Country: |  |
| Date From (month/year): |  |
| Date To (month/year): |  |

|  |  |
| --- | --- |
| **Place of Birth** | |
| Town of birth: |  |
| Country of Birth: |  |
| Nationality at Birth: |  |
| Have you changed your nationality since birth? | Yes / No |
| Current Nationality (if different): |  |
| Please enter your surname at birth (even if it is the same as the name you have already provided: |  |
| Used until (year): |  |
| **Other Names – if you have used any other names in your lifetime, please provide them below:** | |
| **Other Name #1:** |  |
| Type: Forename / Surname: |  |
| Used from (year) : |  |
| Used to (year) : |  |
| **Other Name #2:** |  |
| Type: Forename / Surname: |  |
| Used from (year) : |  |
| Used to (year) : |  |

**Conviction History**

|  |  |
| --- | --- |
| **Convictions** | |
| Do you have any convictions or cautions (excluding youth cautions, reprimands or warnings) that are not ‘protected’ as defined by the Ministry of Justice? (please circle/delete): | Yes/No |

The amendments to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (2013 and 2020) provides that when applying for certain jobs and activities, certain convictions and cautions are considered ‘protected’. This means that they do not need to be disclosed to employers, and if they are disclosed, employers cannot take them into account.

Guidance about whether a conviction or caution should be disclosed can be found on the Ministry of Justice website: https://www.gov.uk/government/publications/new-guidance-on-the-rehabilitation-of-offenders-act-1974 or you can call the DBS on 03000 200 190.

**Applicant Consent (Please tick each consent box below:)**

**Privacy Policy - Standard/Enhanced DBS checks declaration**

I have read the DBS Standard/Enhanced Check Privacy Policy for applicants <https://www.gov.uk/government/publications/dbs-privacy-policies> and I understand how the DBS will process my personal data and the options available to me for submitting an application.

**Consent to obtain e-Bulk standard/enhanced check electronic result**

I consent to the DBS providing an electronic result directly to the registered body that has submitted my application. I understand that an electronic result contains a message that indicates either the certificate is blank or to await certificate which will indicate that my certificate contains information. In some cases the registered body may provide this information directly to my employer prior to me receiving my certificate.

**Declaration by Applicant**

I confirm that I have provided complete and true information in support of this application and understand that knowingly making a false statement for this purpose is a criminal offence. I confirm that I am not Barred to work with Children and/or Elderly, Ill or Disabled Adults in Regulated Activity.

By completing this form I consent to the transfer of my information to the Disclosure and Barring Service for the purpose of a DBS Disclosure Application.

You must tick each of the above consent boxes and provide your name, signature and today’s date indicate your consent:

|  |  |
| --- | --- |
| **Consent** | |
| Name: |  |
| Signature: |  |
| Date: |  |

Return your completed & signed form to the person that gave it to you. You will also need to show them some I.D documents. Speak to your Employer about this.

**Mayflower Disclosure Services Ltd Statement**

If you do not provide your consent to any of the statements above, please contact your employer as a DBS application cannot be created and submitted without your consent.