**External ID Validation Check**

**Applicant Consent form**

**\*Sample – please tailor insert branding to suit the needs of your organisation**

\*In order to carry out an External ID validation check for the purposes of satisfying the DBS’s Route 2 ID Checking process, the employer must obtain the applicant’s explicit consent.

Mayflower Disclosure Services Ltd recommend this consent is obtained in writing and provide the following “consent form” that employers may wish to use.

Applicant’s Full Current Name:......................................................

Date of Birth:.......................................

[ ]  I consent to having an External ID Validation check performed by Mayflower Disclosure Services Ltd in relation to the Disclosure and Barring Service’s Route Two ID checking guidance.

[ ]  I understand that \* insert your organisation name will receive the Result (Output) of my External ID Validation Check and that it will only be used for the purpose of verifying my identity or to provide address and residency confirmation.

[ ]  I understand that the Output will be treated as Confidential and will be stored in line with the Mayflower Disclosure Services Ltd [Privacy Policy](http://dbsdirect.co.uk/privacy-policy.php) and all other applicable legislation.

\* insert your organisation name shall not under any circumstance sell, transfer, distribute or otherwise make the Output available to, or use the Output on behalf of, any other third party.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_