

Disclosure Application Form



Criminal Records Bureau

An Executive Agency of the Home Office

PO Box 110,
Liverpool L69 3EF



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

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	Date of birth
3/4	Nationality	Issue date
5/6	Driving licence number	This section is redacted
7/8	Licence type	
9	Country of issue <input checked="" type="checkbox"/> UK <input type="checkbox"/> Other	
10/11	Birth Certificate Date of Birth	Issue date
12	Country of issue <input checked="" type="checkbox"/> UK <input type="checkbox"/> Other	
13/14	Marriage Certificate Issue date	P45 or P60 National Insurance number
15	Current address details checked against documentation	Yes <input checked="" type="checkbox"/>
16	Evidence seen and checked by	Name
Y	Statement by Registered Person	(Please refer to the Code of Practice and your guidance notes)
1/2	Registered Body number	Countersignatory number
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	
6/7	The level of criminal record check required in respect of this application is	Standard <input checked="" type="checkbox"/> Enhanced <input type="checkbox"/>
8	Registered Body to pay	On account <input checked="" type="checkbox"/> Payment enclosed <input 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)
10	Date of countersignature	
Z	Official use only	
1	Correct payment received	Cheque <input checked="" type="checkbox"/> Postal order <input checked="" type="checkbox"/>
2		Examined by:

C Additional personal details

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 Provide your most recent addresses where you have lived the last 5 years, use continuation sheet if necessary

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 This information will help us to process your application more quickly

46 Current marital status Single Married Divorced Widowed Separated Other

47 Number of financially dependent children under age 18

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

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

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

52 Mother's maiden name

F Referee details Please provide details of an appropriate referee who has known you professionally or personally for at least 2 years

53 Title Mr Mrs Miss Ms Other

54 Referee surname

55 Referee forename(s)

56 Referee occupation

57 Home address

58

59 Town/City

60 County

61 Postcode

62 Home telephone number

63 Relationship to applicant Parent/Guardian Other

64 Number of years known

G Payment

65

H Applicant declaration and consent

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.