

SECTIONS X-Z MUST NOT BE COMPLETED BY APPLICANT

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

3/4 Nationality

5/6 Driving licence number

7/8 Licence type Paper

9 Country of issue

10/11 Birth Certificate Date

12

13/14 Marriage Issue date

15 Current address details checked against documentation Yes

16 Evidence seen and checked by Name

SECTION X - YOU MUST RECORD THE DETAILS OF A VALID PASSPORT OR A UK DRIVING LICENCE OR AN ORIGINAL BIRTH CERTIFICATE (ISSUED WITHIN 12 MONTHS OF DATE OF BIRTH) OR AN EU NATIONAL IDENTITY DOCUMENT* OR A UK FIREARMS CERTIFICATE*

***ENTER FULL DETAILS ON A SEPARATE PIECE OF PAPER**

CHECK APPLICANTS DOCUMENTATION CONFIRMING HOME ADDRESS COMPLETE LINES 15 AND 16

Statement by Registered Person (Please refer to the Code of Practice and your guidance notes)

1/2 Registered Body number 20808000001 Countersignatory number 20808000

3/4 The position involves "working with children" The position involves regular contact with vulnerable adults

5 The category code for this position is 03

6/7 The level of criminal record check required in respect of this application is Standard

8 Registered Body to pay On account Payment enclosed

9 Declaration by Registered Person I certify that this application is required for the question under the terms of The Rehabilitation (Exceptions) Order 1975 and that I am in accordance with the relevant legislation, as set out in the notes. I confirm that the information that I have provided is true and correct and that my application is complete and true and understand that knowingly making a false statement for this purpose is a criminal offence.

10 Date of countersignature

Signature of Registered Person (please sign in the box provided)

Official use only

1 Correct payment received Cheque Post

2 Examined by:

SECTION Y - MUST NOT BE COMPLETED HQ USE ONLY

SECTION Z - MUST NOT BE COMPLETED CRB USE ONLY

Disclosure Application Form



Criminal Records Bureau

An Executive Agency of the Home Office

PO Box 110, Liverpool L3 6ZZ

Form Ref F0005690468

Disclosure Type

THE SCOUT ASSOCIATION
GILWELL PARK
CHINGFORD
LONDON
E4 7QW

466771

Destroy any forms that bear the number 401

SPECIMEN FORM

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

Applicant's details

1 Title Mr Mrs Miss Ms Other

2 Surname

3 Forename(s)

4 Current address

5

6 Town/City

7 County

8/9 Postcode At current address since (month and year)

10/11 Date of birth Male Female

12 National Insurance number

SECTION A - MUST BE COMPLETED DO NOT FORGET LINES 9 - 12

Details of position for which Disclosure is being requested

13 Position applied for LEADER / HELPER

14 Organisation name THE SCOUT ASSOCIATION

15 Organisation address

16 Address GILWELL PARK

17 Town/City CHINGFORD

18 County LONDON

19 Postcode E4 7QW

SECTION B - DO NOT ADJUST DETAILS OR CROSS ANYTHING OUT

Additional personal details

20 Surname at birth (if different)

21 Used until (year)

22 Any other surname used

23/24 Used from used to

25 Any other forename(s) used

26/27 Used from

Place of Birth

28 Town/City

29 County/District

30/31 Born in the UK

32 Nationality

33 Home telephone number

34 Work telephone number

35 Preferred contact number and time

SECTION C – MUST BE COMPLETED
ENTER FULL BIRTH CERTIFICATE DETAILS
DO NOT FORGET YOUR MAIDEN/FORMER SURNAMES
NB THE 'SURNAME AT BIRTH' FIELD MUST BE COMPLETED
IF AN 'X' HAS BEEN ENTERED IN THE 'MRS' OR 'MS' FIELDS
OR A TITLE HAS BEEN ENTERED IN THE 'OTHER' FIELD,
EVEN IF THE SURNAME IS THE SAME AS THAT ENTERED IN
SECTION A
USE A CONTINUATION SHEET IF NECESSARY

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

39 Postcode

40/41 Period at previous address date date (month and year)

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 Unemployed Student Other

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

52 Mother's maiden name

SECTION D – YOU MUST PROVIDE DETAILS OF ALL HOME ADDRESSES FOR THE PAST 5 YEARS
USE A CONTINUATION SHEET IF NECESSARY
SECTION E – THESE DETAILS ARE NOT REQUIRED TO BE COMPLETED

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

SECTION F – THESE DETAILS ARE NOT REQUIRED TO BE COMPLETED

Payment

65 **SECTION G – LEAVE BLANK**

Applicant declaration and consent

After you have checked the information provided in Sections A-G, please complete 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 I have provided is complete and true and for the purpose of this application. (please sign in the box provided)

SECTION H – MUST BE COMPLETED
LINE 67 MUST BE COMPLETED IF YOU HAVE USED A CONTINUATION SHEET AT SECTIONS C OR D
SIGNING THE BOX IN LINE 69 WILL CONSIDERABLY SPEED UP THE CHECKING PROCESS

69 Signature of applicant to indicate consent (please sign in the box provided)

70 Date of Application

DO NOT FORGET THE DATE

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.

THE APPLICANT MUST SIGN THIS BOX
AND IT IS ADVISABLE TO SIGN THIS BOX ALSO, AS FEWER IDENTITY DOCUMENTS NEED TO BE PRODUCED