

DBS DISCLOSURE IDENTIFICATION CHECKING FORM

Wrighton Education Services
43B Mason Street
London SE17 1HF

Company: please put name here.....

Applicant's name	Do they have any middle names? State here:
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UK or EEA national YES/ NO. ...	If yes use Group 1, Group 2a and Group 2b
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Non-UK/Non-EEA national: YES ... NO. ... If yes use one Primary document and any two Supporting Documents from Group 1, Group 2a or Group 2b.

All documents must be in the applicant's current name. At least one document must show the applicant's current address.
At least one document must show the applicant's date of birth.
Please ensure the details on the documentation you are shown match those given on the Application form.

See our **Identification Checking Procedures Guidelines for UK/EEA and non EEA applicants.**

seen	Date of issue or date of letter /bill /certificate	Document number confirmed	Name confirmed	Date of birth confirmed	Current address confirmed
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PRIMARY DOCUMENTS (non EEA)					

GROUP 1					

GROUP 2A					

GROUP 2 B					

1) Level of Disclosure suggested: Enhanced Standard

- 2) a) Are you entitled to know whether the applicant is barred from working with children? YES / NO
- b) Are you entitled to know whether the applicant is barred from working with adults? YES / NO
- c) does the position involve working with children or adults at the applicant's home address? YES / NO

3) Is this application for: a new post holder, an existing post holder,rechecking an existing post holder?.....

4) Is this a voluntary post? YES / NO

What is a volunteer? Any person engaged in an activity that involves spending time, unpaid doing something which aims to benefit some third party and not a close relative. The applicant must not: Benefit directly from the position for which the DBS application is being submitted, Receive any payment (except for travel and other approved out-of-pocket expenses), Be on a work placement, Be on a course that requires them to do this role, Be in a trainee position that will lead to a full time role/qualification.

4a) Who is the third party who will benefit from the volunteering the applicant does whilst with your organisation?

.....

5) Give a **FULL** description of how the applicant will be working with children and/or adults.

The applicant will be

6) Does the post involve regular contact with and /or accessing confidential information about:

A) Children under 18 years YES / NO

B) Adults YES / NO

B1) Now tick the boxes below that apply to the Applicant's post:

An adult for the purposes of a Disclosure is a person aged 18 or over who receives services of a type listed in paragraph 1) below and in consequence of a condition or disability of a type listed in paragraph 2) below,

1) The services are:-

* Tick one or more *

a) accommodation and nursing or personal care in a care home	
b) personal care or support to live independently in his or her own home	
c) any services provided by an independent hospital, independent clinic, independent medical agency	
d) social care services	
e) any services provided by an establishment catering for a person with learning difficulties	

2) The conditions and disabilities are:-

* Tick one or more *

f) a learning or physical disability	
g) a physical or mental illness, chronic or otherwise including an addiction to alcohol	
h) a reduction in physical or mental capacity	
i) a dependency on others in the performance of, or a requirement for the assistance in the	
j) severe impairment in the ability to communicate to others	
k) impairment in a person's ability to protect him or herself from assault, abuse or neglect.	

C) Any other occupation exempt from the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975; YES
(see the current list of exempt occupations on www.gov.uk/dbs) NO

ID checker's Declaration

I _____ (checker's name)

of _____ (company) have personally seen and checked

the original identity documents of _____ (applicant's name).

- I confirm that the requisite documentation and information has been supplied and checked in accordance with DBS guidance.
- I confirm that I have established the true identity of the applicant, by examining the requisite documents as set out in the DBS guidance, and have verified the applicant's title, full name, current address and date of birth.
- I declare 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 may be a criminal offence.
- I certify that, where requested, an application for a DBS check is required for the purpose of asking an exempted question under the terms of The Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975; or for a prescribed purpose as defined in the Police Act 1997 (Criminal Records) Regulations 2002.

Checker's signature:	Date:	Please return this form with the Disclosure
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