

HELPLINE – 03000 2000 40

(MON- FRI 8 AM - 6 PM)

INFO@DISCLOSURESCOTLAND.CO.UK

## A CSG'S GUIDE TO CHECKING & COMPLETING AN 'APPLICATION TO JOIN PVG SCHEME'

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## INTRODUCTION:

Our Application Processing department is responsible for carrying out a quality assurance check on all application forms received. Unnecessary delays to processing applications are caused by **mandatory fields** being omitted from an application form or completed fields have been endorsed incorrectly. Please note all mandatory fields are highlighted in **yellow** on the application form and **MUST** be completed. This guide has been created to help identify the most common errors and how to avoid these, it also includes a list of 'Do's and Don'ts', a breakdown of what information each field should contain and a CSG checklist for you to refer to before submitting an application to Disclosure Scotland.

## DO'S AND DON'TS:

<u>DO</u>	<u>DON'T</u>
Make a note of the application form number (the 16 digit number printed under the barcode in the top right hand corner on the front of the form) for enquiry purposes. Note that this is <b>not</b> the same as the PVG Scheme membership number which will be printed on a certificate when it is issued.	Don't place any stamps or stickers on the form, (e.g. those featuring addresses).
Ensure all fields have been completed unless guidance notes suggest otherwise. <b>Mandatory fields are highlighted in yellow and must be completed.</b>	Don't write over the edges of the boxes.
Ensure all choices in the boxes are indicated by a cross [X], <b>not</b> a [✓].	Don't submit any scanned, downloaded or photocopied versions of an application form, we are unable to accept these and the application(s) will be rejected.
Ensure the application has been completed in <b>black</b> or <b>blue</b> ink and written clearly in <b>BLOCK CAPITALS</b> within the boxes provided.	Don't send any original documents to Disclosure Scotland, we only require photocopies of documents.
Ensure only one letter or number has been used for each box. The number of boxes given for each section indicates the maximum amount of letters/numbers that the system will accept.	
If you or the applicant make a mistake please ensure it is corrected by either using correcting fluid sparingly, or by clearly scoring through the error and by writing the answer in the remaining space. If this is not possible, please start a new form.	

## COMMON ERRORS:

The most common errors in relation to a PVG to Join application are listed below. Please look out for these before submitting an application to Disclosure Scotland to ensure it has been completed correctly, this will avoid any unnecessary delays to the progress of an application.

- **A1** – Level not selected/incorrect level selected/more than one level selected. Please note Scheme Membership Statements & Scheme Membership Statements (Countersigned) do not contain vetting information but simply confirm the individual is not barred from the relevant workforce. They are intended for use by individuals and personal employers. If an organisation receives a Scheme Membership Statement because they have requested one in error, and they want a Scheme Record, they must submit another application and pay the appropriate fee.
- **A2** – Please ensure the correct workforce has been selected in relation to the position applied for. Disclosure Scotland are unable to add a workforce once an application has been submitted and any additions will require a new application form to be completed. The applicant must only apply in relation to the type(s) of regulated work which they will be doing for your organisation (or the organisation on whose behalf you are acting).
- **B13** – Mother's Family name, this field is often omitted. Please ensure no Forename(s) have been included, only the Mother's Maiden Surname/Family Name is required. Note this should be the Surname used by the applicant's mother/adoptive mother prior to marriage, deed poll change etc.
- **B23-B33** – Additional Information. If 'Yes' has been marked for any of the questions in this section the applicant must also provide the relevant information i.e document numbers and county of issue. If the applicant has lost any of the documents or does not have access to them please ensure you include a covering letter to advise or this will be queried by Disclosure Scotland. Driving licence numbers often highlight that a middle name has not been provided by the applicant or a date of birth anomaly, please see further guidance below at the application form breakdown on how to spot these errors.
- **PART E** – Countersignature details.  
We often find anomalies with Registered Body Name's, Registered Body Codes and Countersignatory Names and/or codes. Where applicable please ensure you complete the correct Registered Body details at Part E of the application form (Scheme Record only). If you are unsure of any of the codes relating to yourself or the organisation please contact the Disclosure Scotland Helpline and we will be happy to assist. Please also ensure the signature entered at F1 matches the signature you supplied with your initial registration application. If this has changed please notify Disclosure Scotland to allow us to update our records, you will be required to complete a Modify Registration application. Please note that we also find Countersignatory details are endorsed on the personal employer page in error, if you have completed and signed this section in error and you are looking for a Scheme Record a new application will be required as the signature has not been endorsed at the relevant declaration.



## PART B – PERSONAL DETAILS

**B1**

Ensure an 'X' has been marked in the appropriate box. Examples of 'Other' may be Doctor, Reverend, Lord etc.

**B2, B3 & B4**

The applicant's current surname and all forenames should be endorsed here (including any middle names). This will be the name which appears on the certificate. Please ensure the applicant's full name has been written and not just initials. If the applicant does not wish their middle name to appear on the certificate it should be entered at B7.

**B5-B12**

If the applicant has answered B5 as 'Yes' please confirm the details at B6-B11. Please note these fields should only be completed where the information differs from above (B2/3), for example, marriage, adoption (where known) or change of name via deed poll. If an applicant prefers not to have their middle name(s) appear on the certificate it should be entered here for vetting purposes. If applicable please ensure both the current forename and middle name(s) have been entered and not the middle name on its own.

Adopted? If the applicant is adopted it is not necessary to provide a birth name if the adoption was prior to the age of eight.

PART B		Personal Details (Read Note B)									
Name(s)		Title	Mr <input checked="" type="checkbox"/>	Mrs <input checked="" type="checkbox"/>	Ms <input checked="" type="checkbox"/>	Miss <input checked="" type="checkbox"/>	Other				
B1											
B2	Present Surname										
B3	Present Forename(s)										
B4											
B5	Are you now, have you ever been, or were you at birth known by a different name? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> If 'Yes', enter details below.										
B6	Surname										
B7	Forename(s)										
B8											
B9	Surname										
B10	Forename(s)										
B11											
B12	If you require more space use a separate piece of paper and cross (X) this box. <input checked="" type="checkbox"/>										
B13	Mother's Maiden or Family Name										

**B13** -Mother's Maiden Surname or Family name should be entered here. Please ensure no forename(s) have been supplied, note this should be the Surname used by the applicant's mother/ adoptive mother prior to marriage/deed poll change etc.

## PART B - PERSONAL DETAILS CONT'D

### B14/15, B16, B17, B18

#### B14

The applicant's date of birth should match any supporting documents provided and in the format of DD/MM/YYYY.

#### B15

An 'X' should be marked in the appropriate gender box.

#### B16

Town of birth should be supplied.

*Please note this should not be the county/region/district.*

#### B17

Country of birth should be supplied.

#### B18

Nationality: e.g. British, Irish.

### B19-B22

Relevant contact details should be provided in the case that Disclosure Scotland should contact the applicant regarding their personal details. The email address provided should be personal to the applicant as sensitive information may be sent to this address.

Birth Details																
B14/B15	Date of Birth	D	D	/	M	M	/	Y	Y	Y	Y	Gender	Male	<input checked="" type="checkbox"/>	Female	<input checked="" type="checkbox"/>
B16	Town of Birth															
B17	Country of Birth															
B18	Nationality															

Contact Details																
B19	Day Contact No.															
B20	Evening Contact No.															
B21	Email Address															
B22																



## DRIVING LICENCE BREAKDOWN CONT'D:

### How to check the applicant's Surname:

The first 5 letters of the Driving Licence number should match the first 5 letters of the Surname, if the Surname contains less than 5 letters the remaining characters will be replaced by the number '9' e.g. 'LAW99' or 'HO999'. If the Surname begins with 'MAC' it will always show on a Driving Licence as 'MC'.

*The example shown indicates the applicant's Surname begins with 'MCLEA' which corresponds with the Surname 'MCLEAN' shown at number 1.*



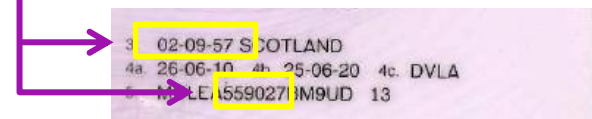
### How to check the applicant's date of birth:

After the Surname there is 6 digits which make up the date of birth, the first and last number makes up the year, the second and third digits are the month and the fourth and fifth numbers are the day of birth. Please note the second digit changes depending on the gender of the individual.

**For a male licence holder** January to September will be prefixed by '0' i.e. September will appear as '09' & December will appear as '12'.

**For a female licence holder** the first digit will be replaced by a '5' if born between January and September i.e. September will appear as '59' as in the above example and if born between October and December the first digit would be replaced by a '6' i.e. December will appear as '62'.

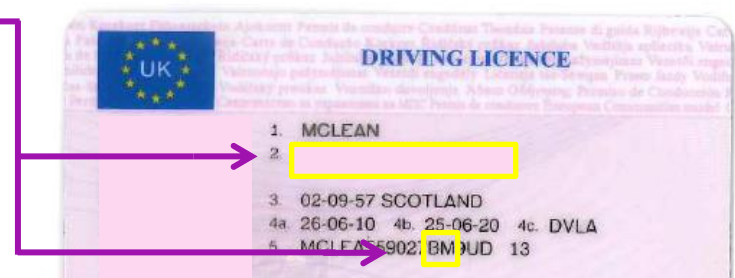
*The example shown is a female born on 02/09/1957.*



### How to check middle name(s):

The next two letters are the initials of an individual's forename(s). If the licence holder has a Middle name this will be shown here therefore you should ensure this has been included on the application, either at B3 if it is to be shown on the certificate or B7, for vetting purposes. If the licence holder has no middle name the second number will be replaced with a '9'.

*The example shown indicates the licence holder's Forename begins with 'B' and has a middle name beginning with 'M'.*





## PART B CONT'D - ADDITIONAL INFORMATION

### B31, B32 & B33

If 'Yes' please ensure B32 and B33 and are completed with ID Card number and country of issue.

### B34

This relates to a National Entitlement Card issued by a Scottish Local Authority, the card number should be entered here with no further details.

### B35

Electricity Supplier No. is not mandatory and there is no requirement to complete this.

### B36 & B37

Only an applicant can confirm with the Disclosure Scotland helpline if they are a current Scheme Member or not. If they were previously a Scheme Member they should enter their previous PVG ID number here and provide a covering letter to advise the account has now been closed. An application to join is for individuals who are not currently a member of the PVG Scheme therefore members should not complete this form. *Please refer to 'A CSG's guide to auditing an Existing Member Application' for further information on where to find an applicant's PVG ID number.*

### B38 & B39

If 'Yes' please complete B39 with registration No.

*ISA = Independent Safeguarding Authority.*

**Please note ISA have now merged with Disclosure Barring Service (DBS)**

B31	Do you have a National Identity Card?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', enter details below.
B32	National Identity Card No.			
B33	Country of Issue			
B34	National Entitlement Card No.			
B35	Electricity Supplier No.			
B36	Are you now, or have you ever been a member of the PVG Scheme?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', enter details below.
B37	PVG Scheme ID			
B38	Are you now, or have you ever been registered with the ISA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', enter details below.
B39	ISA Registration No.			

**PART B CONT'D - ADDITIONAL INFORMATION**

**B40-B82**

The address history section should record the applicant's current home address and full five year address history. Disclosure Scotland also require the resident from dates, please note a full period is required up to and including the current month and year of completing the application form. For example if the applicant was resident at their current home address since 10/2011 and the current month is 03/2016 we would require an address history from at least 03/2011.

Please note the address entered at B40-B46 will be the address the applicant's copy of the certificate will be issued to and we will also hold this address on file until notified of any changes to personal details.

**If more space is required please mark an 'X' at B82 and continue the address history on a separate piece of paper in the same format given. Please ensure the application barcode has been endorsed on the separate piece of paper.**

If the applicant has been homeless for a period of time with no address to provide please enter no fixed abode, with the resident from dates for the period that they were of no fixed abode and include a covering letter to advise of the town or county in which they were during the stated period.

Current Address		This is the address which will be printed on the applicant's certificate, and to which the certificate will be sent.											
B40	Address (Number, Street)												
B41													
B42	Post Town												
B43	County												
B44/B45	Post Code					Resident From	M	M	/	Y	Y	Y	Y
B46	Country												
Address History		Please provide your address history in the last five years. (Most recent first, excluding current address.)											
B47	Address (Number, Street)												
B48													
B49	Post Town												
B50	County												
B51/B52	Post Code					Resident From	M	M	/	Y	Y	Y	Y
B53	Country												
B54	Address (Number, Street)												
B55													
B56	Post Town												
B57	County												
B58/B59	Post Code					Resident From	M	M	/	Y	Y	Y	Y
B60	Country												
B82	If you require more space use a separate piece of paper and cross (X) this box. <input type="checkbox"/>												

**PART B CONT'D - ADDITIONAL INFORMATION**

**B83**

**Regulatory Body Details:**

<b>Regulatory Body Name</b>	<b>Regulatory Body Code</b>	<b>Registration No. Format</b>
Care Commission	101	AB123456789
General Chiropractic Council	102	O****
General Dental Council	103	123456 (new code 5 digits)
General Medical Council	104	1234567
General Optical Council	105	12-12345 or AB-1234
General Osteopathic Council	106	*/****/F
General Teaching Council for Scotland	107	123456
Health Professions Council	108	AB12345 or AB123456
Nursing and Midwifery Council	109	12A1234A
Royal Pharmaceutical Society of Great Britain (now known as General Pharmaceutical Council)	110	ABCD-123 or 1234567
Scottish Social Services Council	111	1234567A

**B83-B87**

An 'X' should be marked in the appropriate box.  
 If the applicant is registered with any Regulatory Body listed above Disclosure Scotland should be notified.

<b>Regulatory Body Details (see Guidance Notes)</b>		
<b>B83</b>	Are you registered with any Regulatory Body listed in the guidance notes?	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', enter details below.
<b>B84/B85</b>	Regulatory Body Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Registration No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>B86/B87</b>	Regulatory Body Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Registration No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please refer to above table for the format of B84/B86 and B85/B87.  
 Where there is an \* detailed this may represent either a letter or a number.

## PART C – DECLARATION (APPLICANT)

**C1/C2**

This records the applicant's signature and date. Please ensure the signature is kept within the box provided. If the signature has been omitted when this is received by Disclosure Scotland we are unable to process the application and a new one will be required with a signature endorsed.

*Please note the applicant should refer to the guidance notes for further information on the declaration.*

**PART C Declaration (Read Note C)**

I apply to join the Scheme under the Protection of Vulnerable Groups (Scotland) Act 2007 ("Scheme"). I request that a disclosure record be issued to the persons specified in this application in relation to the type(s) of regulated work specified. I understand the following:

- Disclosure Scotland will use the information I have given to verify my identity and to check and process my application. Disclosure Scotland will use this information and any other information relating to my Scheme membership for the purposes of the Scheme, for the prevention or detection of crime and for other related purposes. Disclosure Scotland will continuously monitor and update the information it holds about me.
- Disclosure Scotland may pass the information it holds about me to other Government departments or organisations, the police and other law enforcement agencies for the purposes of the Scheme, of the prevention and detection of crime, of the apprehension and prosecution of offenders and for other related purposes.

I declare that the information I have given is complete and correct. I understand that to knowingly make a false statement in this application is a criminal offence. I will give any additional information that may be required to verify the information given and will immediately notify any changes to this information.

**C1/C2** Applicant's Signature PLEASE KEEP SIGNATURE WITHIN BOX Signature Date   /   /

## PART D - PAYMENT

**D1**

'Yes' should only be marked for voluntary positions with Qualifying Voluntary Organisations as defined in the PVG Legislation. By crossing 'Yes', you are confirming that you are entitled to a free PVG check and have been authorised by Disclosure Scotland to submit free checks. Organisations who cross 'Yes' for positions which are not entitled to free checks may be subject to further action.

**D2**

An 'X' should only be marked if this application is being paid for by a Registered Body. If this application is to be paid for by a Registered Body or Personal Employer please continue with section D.

**PART D Payment (Read Note D)**

If you, as the Applicant, are paying for this application, complete PART D. If you are not paying for it, leave PART D blank and forward the form directly to the person who will be countersigning it.

**D1** Is this application in respect of a volunteer doing regulated work for a qualifying voluntary organisation? Yes  No

**D2** If this PVG Application is to be paid for by a Registered Body or Personal Employer, they should cross (X) this box and complete PART D.

## PART D – PAYMENT CONT'D

**D3**

An 'X' should be marked in the appropriate box.  
Please ensure only one payment method has been selected, if more than one has been marked the application may be returned or delayed. All cheques and postal orders should be made payable to 'Disclosure Scotland'.

**D4-D8/9**

This section should be completed for card payments marked at D3 only. If any other payment method has been selected this section should be blank.

*Please note the hand writing should be particularly clear to ensure the data is captured correctly.*

**D10**

Voucher number should be recorded here if using voucher as method of payment.

**For Disclosure Scotland use only.**

**Please do not mark or write any details at this section.**

<b>D3 Method of Payment</b>					
Registered Body Invoice <input type="checkbox"/>	Cheque <input type="checkbox"/>	VISA <input type="checkbox"/>	Master Card <input type="checkbox"/>	Maestro <input type="checkbox"/>	
Solo <input type="checkbox"/>	VISA Electron <input type="checkbox"/>	VISA Debit/Delta <input type="checkbox"/>	Postal Order <input type="checkbox"/>	Voucher <input type="checkbox"/>	
Please make cheques payable to 'Disclosure Scotland'. We recommend the cheque is completed in blue or black ink.					
<b>Credit/Debit Card Payments</b>					
D4	Card Number	<input type="text"/>	This is the large number written across the middle of your card. Do not leave blank spaces.		
D5/D6	Expiry Date	<input type="text"/>	Issue Number	<input type="text"/> (if applicable)	
D7	Name of Cardholder	<input type="text"/>			
D8/D9	Cardholder's Signature	<input type="text"/>	Signature Date	<input type="text"/>	
<b>Voucher Payment</b>					
D10	Voucher Number	<input type="text"/>			
COUNTERSIGNED APPLICATIONS - send completed application forms to the person who will be countersigning your application. NON-COUNTERSIGNED APPLICATIONS - send completed application forms to: Disclosure Scotland, PO BOX No. 250, GLASGOW G51 1YU.					
<b>FOR DISCLOSURE SCOTLAND USE ONLY. DO NOT WRITE BELOW THIS LINE.</b>					
Correct Payment	<input type="text"/>	Amount	<input type="text"/>	Sort Code	<input type="text"/>
Account Number	<input type="text"/>	Cheque Number	<input type="text"/>		
Other	<input type="text"/>				
Initials	<input type="text"/>				

## PART E – REGISTERED BODY DETAILS

### ROLE DETAILS:

#### E1

Mark an 'X' against 'Yes' if the individual is already in post and doing regulated work or mark an 'X' against 'No' either if the individual is being asked to do regulated work for the first time **or** continuing to do so but in a new position. *Further guidance can be found on Disclosure Scotland's website or by calling our helpline.*

#### E2

Ensure an 'X' is marked in the appropriate box. *Please note this relates to the post holder working in their own home.*

#### E3/E4

The full name of the organisation offering regulated work to the applicant should be entered here. Please note if the application is being countersigned on behalf of another organisation this can differ to the Registered Body Name at E11.

#### E5/E6

Details of the post for which the application is being made should be entered here. Please use E6 for further space, note that the details must be within the spaces and boxes provided. Please note that the information entered here is what will appear on the certificate. Our system is unable to allow any more characters on our certificates therefore you may wish to use abbreviations where applicable if the position applied for details exhaust the characters available. If you wish to provide further information as to the eligibility of the post please do so on a covering letter.

### Registered Body: Countersignatory Details and Declaration

PART E		Countersignature - To be completed by the Countersignatory (Read Note E)										
Role Details												
E1	Is the Applicant already undertaking regulated work in the position to which this application relates?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>							
E2	Will the work be carried out at the home address of the Applicant?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>							
E3	Organisation Name											
E4												
E5	Position Applied For											
E6												

**PART E – REGISTERED BODY DETAILS CONT'D**  
**CONFIRMATION OF IDENTITY:**

**E7, E8 & E9**

As a CSG you must satisfy yourself as to the identity of the applicant. A minimum of three forms of ID must be checked, where possible one of these should be photographic. These should confirm the name, date of birth and current home address of the Applicant. If you are unable to confirm 3 types of ID you must ensure you are satisfied to countersign the application of behalf of the applicant using the ID provided to you.

**E10**

If you are authenticating this application using URU, please supply the Authentication Reference number.  
*URU = 'You are You', this is designed to make identity mix up's less common and confirms an individual is who they say they are.*

**REGISTERED BODY DETAILS:**

**E11-E14**

**E11**

Complete details of the full name of the Registered Body.  
*Please note the details should match your Initial Registration Application.*

**E12**

Complete the details of the Registered Body Code provided at Registration and, if appropriate, the sub account code where the charge is to be invoiced.

**E13**

Enter the name of the Countersignatory who will be signing the application form at F1, this code will be in alpha numeric format. *Please note you must be registered with Disclosure Scotland in order to countersign an application.*

**E14**

Enter the Countersignatory Code that you were supplied with at the time of Registration, this code begins with 'CSG' and will be followed by numeric digits.

Confirmation of Identity														
The person countersigning must satisfy themselves as to the identity of the Applicant. A minimum of three forms of identity must be checked; if possible, one of them should be photographic. These should confirm the name, the date of birth and the current home address of the Applicant. Cross the appropriate boxes below to confirm what has been checked.														
E7	Birth Certificate	<input type="checkbox"/>	Passport	<input type="checkbox"/>	Driving Licence (with photograph)	<input type="checkbox"/>	Driving Licence (without photograph)	<input type="checkbox"/>	National ID Card	<input type="checkbox"/>	National Entitlement Card	<input type="checkbox"/>	Other	<input type="checkbox"/>
If 'Other', please state the form of identification seen.														
E8														
E9														
E10	Authentication Reference No.													
Registered Body Details														
E11	Registered Body Name													
E12	Registered Body/ Sub Account Code													(Code of account to be invoiced.)
E13	Countersignatory Name													
E14	Countersignatory Code													

**PART E – REGISTERED BODY DETAILS CONT'D**  
**COUNTERSIGNING ON BEHALF OF ANOTHER ORGANISATION:**

**E15-E17**

**E15/E16**

Mark an 'X' in the appropriate box. If 'Yes' please complete E16 with the name of the Organisation on whose behalf you are acting.

**E17**

Additional space provided if required.

Countersigning on Behalf of Another Organisation	
<b>E15</b>	Are you countersigning this application on behalf of another organisation? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> If 'Yes', supply name of organisation below.
<b>E16</b>	Organisation Name <input type="text"/>
<b>E17</b>	<input type="text"/>

**PART F – DECLARATION**

**F1/F2**

The CSG should physically sign and date F1 & F2 and ensure the signature is kept within the box provided. The signature should match the sample signature provided at the time of Registration, any discrepancies will be queried by Disclosure Scotland. *Please do not use any electronic signatures. You must declare that the disclosure is requested for the purpose of enabling or assisting you (or any other person for whom you act) to consider the applicant's suitability to do, or to be offered or supplied for, the type(s) of Regulated work specified in this application. It is a criminal Offence to make a false declaration.*

PART F Countersignatory Declaration (Read Note F)	
I declare that the disclosure record is requested for the purpose of enabling or assisting me (or any other person for whom I act) to consider the applicant's suitability to do, or to be offered or supplied for, the type(s) of regulated work specified in this application. I understand the following:	
<ul style="list-style-type: none"> <li>• Disclosure Scotland will use the information I have given to check and process this application. It will also use it for the purposes of the Scheme, for the prevention or detection of crime and for other related purposes.</li> <li>• Disclosure Scotland may pass the information to other Government departments or organisations, the police and other law enforcement agencies for the purposes of the Scheme, of the prevention and detection of crime, of the apprehension and prosecution of offenders and for other related purposes.</li> </ul>	
I confirm that the information I have supplied is complete and correct. I understand that to knowingly make a false statement in this application is a criminal offence. I will give any additional information that may be required to verify the information given and will immediately notify any changes to this information.	
<b>F1/F2</b>	Signature <input type="text" value="PLEASE KEEP SIGNATURE WITHIN BOX"/> Signature Date <input type="text" value="DD / MM / YYYY"/>
The signature you supply here will be checked against the sample you supplied on the Registration application.	
Please send completed application forms to: Disclosure Scotland, PO BOX No. 250, GLASGOW G51 1YU.	



## PART G – PERSONAL EMPLOYER DETAILS

*This section should be completed for Scheme Membership Statements Countersigned only.*

If you are countersigning the form on behalf of a Registered Body you should **not** complete part G and H of the application form.



## Personal Employer Details and Declaration

PART G		To be completed by a Personal Employer (Read Note G)																	
Role Details																			
G1	Is the Applicant already undertaking regulated work in the position to which this application relates?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>														
G2	Will the work be carried out at the home address of the Applicant?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>														
G3	Position Applied For																		
G4																			
Personal Employer Details																			
G5	Title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Other									
G6	Surname																		
G7	Forename(s)																		
G8																			
G9	Contact Phone No.																		
G10	Email Address																		
G11																			
Personal Employer Address This is the address your copy of the certificate will be sent to.																			
G12	Address (Number, Street)																		
G13																			
G14	Post Town																		
G15	County																		
G16	Post Code																		
G17	Country																		
PART H		Declaration (Read Note H)																	
I declare that the disclosure record is requested for the purpose of enabling or assisting me (or any other person for whom I act) to consider the applicant's suitability to do, or to be offered or supplied for, the type(s) of regulated work specified in this application. I understand the following:																			
<ul style="list-style-type: none"><li>• Disclosure Scotland will use the information I have given to check and process this application. It will also use it for the purposes of the Scheme, for the prevention or detection of crime and for other related purposes.</li><li>• Disclosure Scotland may pass the information to other Government departments or organisations, the police and other law enforcement agencies for the purposes of the Scheme, of the prevention and detection of crime, of the apprehension and prosecution of offenders and for other related purposes.</li></ul>																			
I confirm that the information I have supplied is complete and correct. I understand that to knowingly make a false statement in this application is a criminal offence. I will give any additional information that may be required to verify the information given and will immediately notify any changes to this information.																			
H1/H2	Signature	PLEASE KEEP SIGNATURE WITHIN BOX							Signature Date	D	D	/	M	M	/	Y	Y	Y	Y
Please send completed application forms to: Disclosure Scotland, PO BOX No. 250, GLASGOW G51 1YU.																			

## CSG CHECKLIST FOR AN APPLICATION TO JOIN

<b>COUNTERSIGNATORY CHECKLIST</b>	✓
Have you confirmed the applicant is not currently a member of the PVG Scheme?	
Have you verified the applicant's identity?	
Have you kept a note of the application barcode and the applicant it relates to?	
Have you completed PART E in full with valid Registered Body details (Scheme Record only)?	
Have you signed and dated F1/F2?	
Have all mandatory fields been completed?	
Has the applicant signed and dated C1/2?	
Has one method of payment been selected and physical payment attached if applicable for example cheque or postal order supplied?	