

Guidance

A1: Mark an 'X' in the box for 'Scheme Record'.

A2: Mark an 'X' in the applicable boxes. If the application relates to both regulated work with children and protected adults then cross both boxes.

A3: Mark an 'X' in the box for No.

B1: Mark an 'X' in the appropriate box. If Mrs is crossed then please enter your maiden name at B6.

B2 to B4: Please enter your full name including any middle names.

B5: Mark an 'X' in the appropriate box.

B6 to B11: If you have crossed Yes in B5 then enter the details.

Note: If your name has not changed, ie you were Miss Rodger and are now Mrs Rodger, then please enter the details in B6.

B13: Enter Mother's Maiden/Family Name.


B14: Enter date of birth. This should be provided in the format DD/MM/YYYY.

B15: Mark an 'X' in the appropriate box for gender.

B16 to B18: Complete these sections in full.

B19 to B22: This section is not mandatory, however it would be helpful if you could supply contact details. This will prevent delays in processing your application if some details need clarification.


PROTECT – PERSONAL (WHEN COMPLETED)



Application to Join PVG Scheme

0600100002902099

Protecting Vulnerable Groups Scheme
CHECK TO PROTECT



* PLEASE REFER TO THE ACCOMPANYING GUIDANCE NOTES AS YOU COMPLETE THE FORM.

* Please print in **CAPITAL** letters within the white boxes and do not make a mark on any other part of the form. We recommend you use **blue** or **black ink**.

* Applicants should complete PARTS A, B, and C on pages 1, 2, and 3 of the form which are coloured lilac. The Applicant may also have to complete PART D depending on whether or not they are paying for the application. Please check payment arrangements before completing PART D. PARTS E and F should be completed by the registered body (if any) and PARTS G and H should be completed by the personal employer (if any).

* **Mandatory fields are highlighted in yellow.** You must provide information in these fields or your application will be delayed.

* Please make a note of the Barcode Number at the top of the page to assist with any future query.

FOR OFFICIAL USE ONLY

PART A Type of Application (Read Note A)

A1	Cross (X) one box only.	Scheme Membership Statement	Scheme Record	<input checked="" type="checkbox"/>	Scheme Membership Statement (Countersigned)
A2	Cross (X) each box that applies.	This application relates to regulated work with:	Children	<input checked="" type="checkbox"/>	Protected Adults
A3	Do you wish to apply for an online account with Disclosure Scotland?	Yes	No	<input checked="" type="checkbox"/>	If 'Yes', complete B21/B22.

PART B Personal Details (Read Note B)

Name(s)

B1 Title Mr Mrs Ms Miss Other

B2 Present Surname **BLOGGS**

B3 Present Forename(s) **JOANNE LESLEY**

B4

B5 Are you now, have you ever been, or were you at birth known by a different name? Yes No If 'Yes', enter details below.

B6 Surname **DOE**

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.

B13 Mother's Maiden or Family Name **DOE**

Birth Details

B14/B15 Date of Birth **01/01/1960** Gender Male Female

B16 Town of Birth **EDINBURGH**

B17 Country of Birth **UNITED KINGDOM**

B18 Nationality **BRITISH**

Contact Details

B19 Day Contact No.

B20 Evening Contact No. **01312402256**

B21 Email Address

B22

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B23 to B24: Enter your National Insurance Number. This is **mandatory**

B25: This field is **mandatory**. If Yes then please complete **B26** and **B27**.

B28: This field is **mandatory**. If Yes then please complete **B29** and **B30**.

B31: This field is **mandatory**. If Yes then please complete **B32** to **B34**.

B35: This field is **not mandatory**. However, if an electricity bill has been used for address identification then the electricity supplier number must be entered here.

B36: This field is **mandatory**. If Yes then please complete **B37**.

B38: This field is mandatory and relates to the (ISA) Independent Safeguarding Authority (England and Wales). If you are registered with the ISA, then please mark 'X' in the Yes box and complete B39.

B40 to B44: Enter your full current address including post code.

B45: Enter your 'resident from' date. If you have lived at your current address for less than five years enter previous addresses at B47 to B52. This is commonly missed out and causes an unnecessary delay.

B46: Only complete if residency is outwith the UK

B47 to B60: Please complete this section if you have had more than one residency in the last 5 years. Please include date of entry – the year is the minimum required.



Additional Information, Current Address & Address History

Additional Information

B23	Do you have a UK National Insurance Number?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', enter details below.
B24	National Insurance No.	AA 12 34 56 A		
B25	Do you have a Passport?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', enter details below.
B26	Full Passport No.	1 2 3 4 5 6 7 8 9		
B27	Country of Issue			
B28	Do you have a Driving Licence?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', enter details below.
B29	Driving Licence No.	BLOGG051016JL9		
B30	Country of Issue	UNITED KINGDOM		
B31	Do you have a National Identity Card?	Yes <input type="checkbox"/>	No <input checked="" 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 checked="" 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 checked="" type="checkbox"/>	If 'Yes', enter details below.
B39	ISA Registration No.			

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)	1 MAIN STREET		
B41	Post Town	EDINBURGH		
B42	County			
B43	Post Code	EH1 1AA	Resident From	01 / 2010
B44/B45	Country			

Address History

Please provide your address history in the last five years. (Most recent first, excluding current address.)

B47	Address (Number, Street)	15 HIGH STREET		
B48	Post Town	EDINBURGH		
B49	County			
B50	Post Code	EH2 1AA	Resident From	01 / 2005
B51/B52	Country			
B53	Address (Number, Street)			
B54	Post Town			
B55	County			
B56	Post Code		Resident From	/
B57	Country			
B58/B59	Address (Number, Street)			
B60	Post Town			

Guidance

B61 to B82: If required, please use this section for additional address history.

Please include date of entry – the year is the minimum required.

B83: If you are registered with any of the Regulatory Bodies listed below mark an 'X' for yes.

If you answer Yes, then it is **mandatory** for you to provide the relevant code and registration number(s) at B84/B85 and B86/B87.

Regulatory Body Name	RB Code
Care Commission*	101
General Chiropractic Council	102
General Dental Council	103
General Medical Council	104
General Optical Council	105
General Osteopathic Council	106
General Teaching Council for Scotland	107
Health Professions Council	108
Nursing and Midwifery Council	109
General Pharmaceutical Council	110
Scottish Social Services Council	111

* Also known as The Scottish Commission for the Regulation of Care

C1: Please sign. It is important that the signature is kept within the border of the box provided.

C2: Please date.

Address History (continued), Regulatory Body Details and Declaration

PROTECT – PERSONAL (WHEN COMPLETED)



Address History (continued)

B61	Address (Number, Street)		
B62			
B63	Post Town		
B64	County		
B65/B66	Post Code	Resident From	/
B67	Country		
B68	Address (Number, Street)		
B69			
B70	Post Town		
B71	County		
B72/B73	Post Code	Resident From	/
B74	Country		
B75	Address (Number, Street)		
B76			
B77	Post Town		
B78	County		
B79/B80	Post Code	Resident From	/
B81	Country		

B82 If you require more space use a separate piece of paper and cross (X) this box.

Regulatory Body Details (see Guidance Notes)

B83 Are you registered with any Regulatory Body listed in the guidance notes? Yes No If 'Yes', enter details below.

B84/B85 Regulatory Body Code 107 Registration No. 1234567

B86/B87 Regulatory Body Code Registration No.

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 *Joanne Bloggs* Signature Date 01 / 06 / 2012

Guidance

D1/D2: This section should be completed by the Safeguarding Coordinator: If the application is for a volunteer then cross the Yes box at **D1**. If the application is for a paid position cross No at section **D1** and continue to **D3** with method of payment.

D3: This section should be completed by the Safeguarding Coordinator: If No has been crossed in D1, then complete this section with the method of payment.



Payment

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.

D3 Method of Payment

Registered Body Invoice Cheque VISA Master Card Maestro
Solo VISA Electron VISA Debit/Delta Postal Order Voucher

Please make cheques payable to 'Disclosure Scotland'. We recommend the cheque is completed in **blue** or **black ink**.

Credit/Debit Card Payments

- D4** Card Number This is the large number written across the middle of your card. Do not leave blank spaces.
- D5/D6** Expiry Date / Issue Number (If applicable)
- D7** Name of Cardholder
- D8/D9** Cardholder's Signature Signature Date / /

Voucher Payment

- D10** Voucher Number

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.

FOR DISCLOSURE SCOTLAND USE ONLY. DO NOT WRITE BELOW THIS LINE.

Correct Payment Amount Sort Code
Account Number Cheque Number
Other
Initials

Guidance

E1: This section should be completed by the Safeguarding Coordinator: Mark an 'X' against Yes if the person is already in post and doing regulated work or mark an 'X' against No either if the person is being asked to do regulated work for the first time or is continuing to do so but in a new position.

E2: This section should be completed by the Safeguarding Coordinator: Mark an 'X' in the appropriate box.

E3/E4: This section should be completed by the Safeguarding Coordinator: Enter 'Church of Scotland'.

E5: This section should be completed by the Safeguarding Coordinator: "Using the New Guidance on completing Section E5" which is included in the Scheme Record Guidance for Coordinators, please choose a standard job title, eg Congregational Children's Worker, Pastoral Care Worker/Visitor, Congregational Youth Worker etc.

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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 No

E2 Will the work be carried out at the home address of the Applicant? Yes No

E3 Organisation Name CHURCH OF SCOTLAND

E4

E5 Position Applied For CONGREGATIONAL CHILDRENS WORKER

E6

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.

	Birth Certificate	Passport	Driving Licence (with photograph)	Driving Licence (without photograph)	National ID Card	National Entitlement Card	Other
E7							
E8							
E9							
E10							

E7 to E17: Please do NOT complete this section. This section will be completed by CRBS staff.

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

Countersigning on Behalf of Another Organisation

E15 Are you countersigning this application on behalf of another organisation? Yes No If 'Yes', supply name of organisation below.

E16 Organisation Name

E17

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:

- 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.
- Disc...

I confirm...

F1/F2 Signature

F1/F2: Please do NOT sign the form at F1/F2. This will be signed by a representative of CRBS. Note: if you do sign this section then the form will be void and a new one will have to be completed.

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.

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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 No
- G2 Will the work be carried out at the home address of the Applicant? Yes No

G3 Position Applied For

G4

G1 to G17: Please ignore these sections.

Personal Details

G5 Title Mr Mrs Ms Miss 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 that:

- 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.

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

Signature Date / /

Please send completed application forms to: Disclosure Scotland, PO BOX No. 250, GLASGOW G51 1YU.