Applicant's Guidelines 'Application to Join PVG Scheme' Form

This is the form for applying to join the PVG Scheme. You should use this form <u>only</u> if you are joining the Scheme for the first time. If you are already a scheme member then you should complete the 'Existing PVG Scheme Member Application' form. If you are a member of the Scheme for one type of regulated work and want to expand your membership to include the other type of regulated work, you should use the Existing Scheme Member Application form.

You will be required to produce, for your Safeguarding Coordinator, one form of photographic ID and one form of address ID. The ID that your Safeguarding Coordinator verifies must be entered into the form in section B23-35. For example if you show your Safeguarding Coordinator your driving licence then your driving licence number must be entered in B29.

If you permanently stop working with children or protected adults in the Church of Scotland you must advise Disclosure Scotland by email: dsupdate@disclosurescotland.gsi.gov.uk or Telephone 0300 020 0040. Please also inform your Safeguarding Coordinator and the Safeguarding Service.

Only complete sections A, B, C and D. In these sections, the fields highlighted in yellow are mandatory.

COMPLETION OF THE FORM:

Part A - Type of Application:

- A1 Mark an 'X' in the box 'Scheme Record'.
- A2 Mark an 'X' in the applicable box/boxes. If the application relates to both regulated work with children and protected adults cross both.
- A3 Mark an 'X' in the box for No.

Part B - Personal Details

- B1 Mark an 'X' in the appropriate box. If Mrs is crossed then please enter your maiden name at B6.
- B2-B4 Please enter your full name including any middle names.
- B5 Mark an 'X' in the appropriate box.
- B6-B11 If you have crossed 'Yes' in B5 enter the details. Note: If your name has not changed i.e. you were Miss Rodger and are now Mrs Rodger, VSDS still require this to be entered in B6.
- B13 Enter Mother's Maiden/Family Name.

Birth Details

- B14 Enter your date of birth. This should be provided in the format DD/MM/YYYY.
- B15 Mark an 'X' in the appropriate box.
- B16/17 Enter Town and Country of birth.
- B18 Enter nationality e.g. British.

Contact Information

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.

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Additional Information

- B23-B24 Enter your National Insurance Number. **This is mandatory**.
- B25-B35 Mark an 'X' in the appropriate boxes, and where applicable, provide the details in the space provided. If any question is answered 'yes' then it is mandatory that the details are entered. For example if you state you have a passport you must enter a passport number.
- B36 Please note if answering 'yes' to this question, then please do <u>not</u> complete this application form.
 Contact your Safeguarding Coordinator to request an Existing PVG Member Application form to complete, along with the appropriate guidance.
- B38 Are you now, or have you ever been a member of the ISA? This field is mandatory and relates to the (ISA) Independent Safeguarding Authority (England and Wales). If you are registered with the ISA, you must cross the appropriate box and complete Section B39.

Current Address

- 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 5 years enter previous addresses below at B47. This is commonly missed out and will cause unnecessary delay.
- B46 Only complete if residency is outwith the UK.

Address History

• B47 to B82 – To be completed if you have had more than one residency in the last 5 years. Please include date of entry, the year is the minimum required.

Regulatory Body Details

• 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.

Regulatory Body Name	Regulatory Body 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

Part C - Declaration*

- C1 Please sign. It is important that the signature is kept within the border of the box provided.
- C2 Please date.

Part D - Payment

- D1 If the application is for a volunteer cross 'Yes' in D1 and leave the rest of part D blank. If the application is for a paid position, then please Cross 'No' and complete D3 with the method of payment. The cost of a Scheme Record is £59 and the cost of a Scheme Record Update is £18. Cheques should be made payable to Disclosure Scotland.
- D1 If the application is for a 'Minister of Word and Sacrament' or 'Ministries Candidate' then, please cross 'No', but leave D3 blank as Ministries Council will pay for these applications. If the application is for a locally appointed Ministries position, eg Locum Minister, then payment should be enclosed.

Should you be concerned or have questions about any of the information given, or require clarification, please do not hesitate to contact the Safeguarding Service on 0131 240 2256 or email safeguarding@churchofscotland.org.uk. Further information is also available at http://www.churchofscotland.org.uk/about_us/safeguarding_service.

^{*}Please note if any changes are made to this section, then these must be initialled by the applicant.