



# Guidelines for Electronic 'Application to Join PVG Scheme'

This is the form for applying for a PVG for the first time.

The PVG form **must** stay in the Word format. Forms should be returned to the Safeguarding Service as email attachments.

You should be aware of GDPR guidelines in relation to storage of personal information, particularly if using a shared computer or device.

### COMPLETION OF THE FORM:

#### Part 1: About you, the individual

- Enter the date the application form is completed on
- Choose application type
  - PVG Join then choose: Adult, Children or Both. Ignore all other options.Please note that you can only be PVG checked for the groups you have been recruited for.
- Choose Title, or type in your Title.
- Enter Surname, and all Forename(s), including any middle names, not just initials.
- Enter Gender,
- Enter Previous names (if applicable): surname and forename(s). If there is more than one previous name, this should be typed in the same box, e.g. SMITH AND GORDON AND MACDONALD
- Enter Mother's maiden name.
- Enter Date of Birth, in the format DD/MM/YYYY
- Enter Town of Birth, Country of Birth, Nationality.
- Enter PVG Scheme ID (if you have one of these you should be completing an Existing PVG Form, **not** this one).
- Enter National Insurance Number.
- Enter Drivers Licence (This will begin with the first 5 letter of the applicant's surname), Drivers Licence Country of Issue.
- Enter Passport Number, Passport country of issue.

#### Part 2: Your contact details

- Enter E-mail address, Home telephone, Mobile number.

#### Part 3: Your Current Address

- Enter Address, Town, Country, Postcode, Resident from date.  
You must provide **5 full years of address history**. If required, complete further address history in section 4 until 5 full years of address history has been given.

#### Part 4: Your previous addresses

- Enter Address, Town, Country, Postcode, Resident from date until 5 full years of address history has been provided

#### Part 5: Regulatory Body Details

- Answer Yes or No. If Yes, select the Regulatory Body and Code from the drop down box as follows:

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

- Type in your Registration Number(s).

#### Part 6: Declaration on application

- Type your name and enter the date.

#### Part 7: Payment

- Is the application for a voluntary role? Cross Yes or No. If Yes, no further action is required. If No, see below for payment.
- If the application is for a paid role, enter the Method of Payment and click on the payment portal to pay for the application and enter the 9-digit number in the relevant section. **Please ensure the correct payment is made for the correct type of application form, failure to do so may delay the application.** Payment can be made by either an applicant or the Safeguarding Coordinator.

If the application is to be paid for by the Church of Scotland, e.g. as a Ministries Candidate/Admissions post, leave the section blank. Ministries Locum Posts are required to be paid for by the applicant and the cost claimed back through expenses.

Leave the rest of the form blank and e-mail it to [safeguarding@churchofscotland.org.uk](mailto:safeguarding@churchofscotland.org.uk) along with the Self Declaration form, cover sheet and criminal record checks if applicable under the terms of the Safeguarding Act 2018.