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Application form: Standard / Enhanced Disclosure

About this form

This form can be used to apply for an AccessNI Standard or Enhanced disclosure and Enhanced disclosure with Barred List Check.

Please complete this application form in CAPITAL letters and use black ink. Applicants must complete Parts B, D, E, F and G and return the form to whoever sent it to them for completion of Parts A, H, I and J.

If you require help completing this form you can visit our website on www.nidirect.gov.uk/accessni where you will find step-by-step instructions in our Guidance. Alternatively you can call our helpline on 0300 200 7888 or speak to the person who asked you to complete the form.

Completed forms should be posted to: AccessNI

PO Box 1085 Belfast BT5 9BD



Failure to complete the form correctly may result in a delay or the form being returned unprocessed.

PLEASE WRITE CLEARLY IN THE BOXES PROVIDED (Continuation sheets are available from www.nidirect.gov.uk/accessni).

AccessNI Reference (AccessNI use only)

PART A Service required - to be completed by (prospective) employer

PART A Service	requ	uire	d -	to	be	СО	m	ple	ted	l by	/ (p	ro	spe	ect	ive) e	mp	olo	yer			
Standard (£26)		Enl	hanc	ed (£30)		Enha	ance	d wi	th B	arre	d Li	st C	heck	(£	30)			(Cro	ss 1	box
Registered Body Name		- 1																				
Registered Body No.					<u> </u>		Ļ	<u> </u>														
Counter Signatory No.																						_
For AccessNI use only																						
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Applicant's details PART B В1 Title Mr Mrs Miss Ms Other If 'Other' please give details Surname B2 Forename(s) **B3 B4** Name usually known by **B5** Surname at birth (if different) used until Any other surname(s) used? If 'Yes', please complete F1, if 'No' go to B7 B6 No Yes Any other forename(s) used? If 'Yes', please complete F5, if 'No' go to B8 **B7** No Yes Gender Male **B8** Female Date of birth **B9** B10 Place of birth -Town Country **B11** National insurance number B12 Driving licence number B13 Do you hold a valid passport? No If No, go to B17. Yes If Yes, complete B14, B15 and B16. **B14** Passport number **B15** Nationality B16 Country of issue Χ B17 Do you have an ISA registration number? No If No, go to B19. Χ Yes If Yes, complete B18. B18 ISA registration number Χ B19 Do you have a Scottish Χ Vetting & Barring number? If No, go to B21. Yes If Yes, complete B20. B20 Scottish Vetting & Barring number B21 Preferred contact number For AccessNI use only

Applicant's current and delivery address Please give details of your current address. This is the address to which all correspondence will normally be sent. Current address D2 Town / City D3 County D4 Country D5 Postcode Lived at this address since D6 Please give details of a preferred Delivery Address for the Applicant's Correspondence (if different from above). Delivery address Town / City County D10 Country D11 Postcode **Address history** PART E If you have lived at the address at D1-D5 for less than 5 years please provide details of all your previous address(es), including student accommodation, and dates of residence for the last 5 years. There must be no gaps in the dates; overlapping dates are acceptable. Please start with the most recent address and work backwards. If necessary, please use the approved Address Continuation Sheet - this is downloadable at www.nidirect.gov.uk/accessni. Address E1 Town / City E2 **E3** County **E4** Country **E5** Postcode Lived at this address from to Address E7 Town / City **E8** E9 County E10 Country E11 Postcode

to

E12 Lived at this address from

PART F Names history

Signature of applicant (please sign in box)

G4 Name (in CAPITALS)

This Section should only be completed if you have answered Yes to questions B6 or B7. You must provide details of your previous name(s), along with dates these names were used. There must be no gaps in the dates; overlapping dates are acceptable. Please use an additional page if necessary, clearly writing your current name at the top of the page.

F1	Previous surname
F2	date used from / / / to // /
F3	Previous surname
F4	date used from / / / to // /
F5	Previous forename
F6	date used from / / / to // /
F7	Previous forename
F8	date used from / / / to // /
	Once you have completed Dort England and the Dort Complete William States
	Once you have completed Part F, please return to B8 to continue with this Form.
	Once you have completed Part F, please return to B8 to continue with this Form.
	PART G Declaration by Applicant
	PART G Declaration by Applicant
	PART G Declaration by Applicant I understand the following:
	PART G Declaration by Applicant I understand the following: • AccessNI may use the information I have supplied on this form to verify my identity and to check this application. • AccessNI may use the information I have supplied on this form for the purposes of the prevention or detection of

You must now return this form to the person who asked you to complete it

G3 Date of signature

	PART H Registere	ed Body information								
H1	Is the applicant applying for	an AccessNI disclosure? No If No, go to H7. Yes X If Yes, continue from H2.								
H2	H2 Position applied for									
НЗ	Organisation Name									
H4	Will the work be carried out at the home of the applicant? No Yes									
H5	Is the disclosure required for the purposes of asking an exempted question? No Yes									
Н6	Is the disclosure required for a prescribed purpose? No Yes									
H7	Does this position require a check of the Children's Barred List? (Regulated Activity) No Yes									
Н8	Does this position require a check of the Vulnerable Adults' Barred List? (Regulated Activity) No Yes									
H9	Have you established the true identity of the applicant by examining a range of documents as set out in AccessNI Guidance, and verified the information provided in Parts B, D, E & F? No Yes									
H10	Application type: New p	oost holder Existing post holder Re-check of existing post holder								
H11	H11 Your reference Number (Do not use Counter Signatory number)									
	PART I Payment									
I1	Method of Payment A	Account No Payment (Volunteer)								
	PART J Declaration	on by Countersignatory								
	AccessNI Guidance. I decl	documentation and information has been supplied and checked in accordance with are that the information I have provided in support of the application is complete and knowingly to make false statement for this purpose may be a criminal offence.								
J1	Signature of registered pers	ure of registered person (please sign in box) J2 Date of signature								
J3	Name in CAPITALS									
	_	be treated in confidence. the Information Commissioner. Data supplied by you on this form will be processed in ons of the Data Protection Act 1998.								