Disclosure

Application to Join PVG Scheme









* 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.

															о тор .		3-			nar ang	rate	iro quoi	,.
	PART A		Тур	e o	f Ap	plic	atio	n (R	Read	Note	e A)												
A1	Cross (X) one box of	nly.	,	Sche	eme	Men	bers	hip S	State	ment				Sch	neme	Reco	rd X	Sta	Sc teme	heme nt (Co	Men unte	nbershi rsigned)
A2	Cross (X) each box t	that ap	plies		Т	his a	pplica	ation	relat	tes to	regu	ulated	work	with:	C	Childre	n X					d Adult	
A 3	Do you wish to a	pply f	or an	onli	ne a	CCOL	ınt wi	th D	isclos	sure	Scotl	and?		Yes		No >	<	If "	Yes',	compl	ete E	321/B22	2.
	PART B		Per	son	nal [Deta	ils (F	Read	d No	te B)													
	Name(s)																						
B1	Title	N	∕lr 🗙	N	∕lrs		Ms		Mis	s	(Other											
B2	Present Surname																						
В3	Present Forename(s)	JC	H	N		WI	L	L	1 1	M													
B4																							
B5	Are you now, have	you e	ever t	peen	n, or	were	you	at bi	rth kı	nowr	by a	differ	ent na	ame?	Yes		No		If 'Ye	s', ent	er de	etails be	elow.
B6	Surname																						
B7	Forename(s)																						
В8																							
В9	Surname																						
B10	Forename(s)																						
B11																							
B12	If you require more	spac	e use	e a s	sepa	rate	piece	of p	aper	and	cross	s (X) t	his bo	X.									
B13	Mother's Maiden or Family Name																						
B14/B	Birth Details	7 5	- ,		2	, ,	0	, -	7							0							
									/							Gen	der		Male	X		Female	
B16	Town of Birth							H															
B17	Country of Birth																						
B18	Nationality	SC	0	T	T	15	H			Ш		Ш		Ш									
	Contact Details													-84									
B19	Day Contact No.	PL	. E	Α.	Sŧ	=	C	0 1	n P	L	ET	E											
B20Ev	vening Contact No.																						
B21	Email Address	PL	. E	A:	5 1	E	C	0 0	nP	L	ET	E											
B22																							



Additional Information, Current Address & Address History

	Additional Informatio	n								
B23	Do you have a UK Nation	al Insuran	ce Numb	er?			Yes	X	No	If 'Yes', enter details below.
B24	National Insurance No.	AZ	00	00	00	A				
B25	Do you have a Passport?						Yes		No	If 'Yes', enter details below.
B26	Full Passport No.									
B27	Country of Issue									
B28	Do you have a Driving Lic	ence?					Yes		No	If 'Yes', enter details below.
B29	Driving Licence No.									
B30	Country of Issue									
B31	Do you have a National Id	lentity Car	rd?				Yes		No	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 beer	n a memb	er of the P\	/G Scheme	?	Yes		No	If 'Yes', enter details below.
B37	PVG Scheme ID						-			PLEASE COMPLETE EXISTING FORM
B38	Are you now, or have you	ever beer	n registere	ed with the	ISA?		Yes		No	If 'Yes', enter details below.
B39	ISA Registration No.									
B40 B41 B42 B43	Address (Number, Street) P L Post Town County	EAS	E	COMF	PLET	E				
B44/B	Post Code				Resident F	rom (0	1:	200	
	1 031 0000					TOTTI	1		200	0
B46	Country					rom (7		200	0
B46 B47 B48 B49	Country	ease prov	ride your a	address his	tory in the I	П		rs. (M		nt first, excluding current address.)
B47 B48	Address History Address (Number, Street)	ease prov	ride your a	address his	tory in the I	П		rs. (N		
B47 B48 B49	Country Address History Address (Number, Street) Post Town County	ease prov	ride your a		tory in the I	last five		rs. (N		
B47 B48 B49 B50	Country Address History Address (Number, Street) Post Town County	ease prov	ride your a			last five				
B47 B48 B49 B50 B51/B	Country Address History Address (Number, Street) Post Town County 52 Post Code	ease prov	ride your a			last five				
B47 B48 B49 B50 B51/B	Country Address History Address (Number, Street) Post Town County 52 Post Code Country	lease prov	ide your a			last five				
B47 B48 B49 B50 B51/B B53	Country Address History Address (Number, Street) Post Town County 52 Post Code Country Address	lease prov	ide your a			last five				
B47 B48 B49 B50 B51/B B53 B54	Country Address History Address (Number, Street) Post Town County 52 Post Code Country Address (Number, Street)	lease prov	ide your a			last five				
B47 B48 B49 B50 B51/B B53 B54 B55 B56	Country Address History Address (Number, Street) Post Town County 52 Post Code Country Address (Number, Street) Post Town County Country	lease prov	ide your a			rom				
B47 B48 B49 B50 B51/B B53 B54 B55 B56 B57	Country Address History Address (Number, Street) Post Town County 52 Post Code Country Address (Number, Street) Post Town County Country				Resident F	rom	e year	/		

PROTECT - PERSONAL (WHEN COMPLETED)

Address History (continued), Regulatory Body Details and **Declaration**

Address History (continued) Addross



	Number, Street)						
B62	/						
B63	Post Town						
B64	County						
B65/B66	Post Code		Resident From	M M / Y Y			
B67	Country						
B68 (N	Address Number, Street)						
B69							
B70	Post Town						
B71	County						
B72/B73	Post Code		Resident From	MM/YY			
B74	Country						
B75 (A	Address						
B76	lumber, Street)						
B77	Post Town						
B78	County						
B79/B80	Post Code		Resident From	MM/YY			
B81	Country						
B82 If yo	u require more s	pace use a separate pie	ce of paper and cross (X) th	is box.			
Re	gulatory Body	Details (see Guidan	ce Notes) 🜟				-
B83 Are	you registered v	vith any Regulatory Body	y listed in the guidance notes	s? Yes	No	If 'Yes', enter details below.	
B84/B85	Regulatory Bo	ody Code	Re	gistration No.			
B86/B87	Regulatory Bo	ody Code	Re	gistration No.			
	PART C	Declaration (Rea	ad Note C)				
I apply to be issued	join the Scheme	under the Protection of Specified in this application	Vulnerable Groups (Scotlandon in relation to the type(s) o	d) Act 2007 ("Sche f regulated work s	eme"). I re	equest that a disclosure record	
Disco Sco for t	closure Scotland tland will use this	will use the information I s information and any oth detection of crime and for	I have given to verify my ide ner information relating to my	ntity and to check Scheme membe	and proce	ess my application. Disclosure he purposes of the Scheme, inuously monitor and update	

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 SIGN

Signature Date 20 / 02 / 20 1 &



Payment

	PART D	Payment (Read N	Note D)			
If you forwa	, as the Applicant, are rd the form directly to	paying for this applicati	ion, complete PART [countersigning it.	D. If you are not paying fo	r it, leave PART D b	lank and
D1	Is this application in I	respect of a volunteer d	loing regulated work f	or a qualifying voluntary	organisation?	Yes X No
D2	If this PVG Application they should cross (X	on is to be paid for by a) this box and complete	Registered Body or F PART D.	Personal Employer,		
D3	Method of Payme	nt				/
R	egistered Body Invoice	e Cheque	VISA	Master Card	Maestro	
	Solo		VISA Debit/ Delta	Postal Order	Voucher	
	Please make cheques p	payable to 'Disclosure Sco	otland'. We recommend	the cheque is completed in I	blue or black ink.	
	Credit/Debit Card	Payments			/	
D4	Card Number			This of you	s is the large number wour card. Do not leave	ritten across the middle blank spaces.
D5/D	6 Expiry Date	M/MM	Issue Number	(If applicable)	8/	
D7 N	Name of Cardholder			6)	7	
				P		
D8/D	Gardholder's			Signature	e Date /	M/VVVV
	Signature					
				0/		
	Voucher Paymen	t	200	9		
D10	Voucher Number		09/			
	COUNTERSIGNE	D APPLICATIONS - send	completed application	forms to the person who will	be countersigning you	ur application.
	NON-COUNTERSIGNED	APPLICATIONS - send	completed application f	orms to: Disclosure Scotland	d, PO BOX No. 250, G	LASGOW G51 1YU.
	FOR DISCLOSURE	SCOTLAND USE ON	DO NOT WRITE I	BELOW THIS LINE		
	FOR DISCLOSURE	SCOTLAND USE ON	A. BO NOT WRITE	SELOW TITO LINE.		
	Correct Payment	Amount		Sort Code		
	Account Number		Ch	eque Number		
	Other					
	Initiala					
	Initials					



IZE		7. Countersignatory Details and Declaration	
	PARTE	Countersignature - To be completed by the Countersignatory (Read Note E)	
	Role Details		
E1	Is the Applicant alread	dy undertaking regulated work in the position to which this application relates?	No X
E2	Will the work be carrie	ed out at the home address of the Applicant?	No X
E3	Organisation Name	LUB NAME	
E4	Name		
E5	Position		
	Applied For S	EE GUIDANCE NOTES	
E6			
	The person countersig checked; if possible, or address of the Applica Birth	entity To BE COMPLETED BY WELFARE OFFICER OR IDCHECKE gning must satisfy themselves as to the identity of the Applicant. A minimum of three forms of identi- ne of them should be photographic. These should confirm the name, the date of birth and the curre int. Cross the appropriate boxes below to confirm what has been checked. Driving Licence Driving Licence National National	tv must be
E7	Certificate	(with photograph) (without photograph) ID Card Entitlement Card	Other
	If 'Other', please sta	ate the form of identification seen.	
E8			
E9			
E10	Authentication Reference No.		
	Pagistared Rady D	o A a lla	
E11	Registered Body Nar		
	Registered Body Nar	tv/	
E12	Sub Account Cod		
E13	Countersignatory Nan	ne Do No.	
E14	Countersignatory Co		
	Countersigning on	Behalf of Another Organisation	
		this application on behalf of another organisation? Yes X No If 'Yes', supply name of organisation below.	
E16 C	rganisation Name C		
E17			
	PART F	Countersignatory Declaration (Read Note F)	
I doc			
consi	der the applicant's suita erstand the following:	record is requested for the purpose of enabling or assisting me (or any other person for whom I act ability to do, or to be offered or supplied for, the type(s) of regulated work specified in this application	n.
•	Disclosure Scotland will of the Scheme, for the	Ill use the information I have given to check and process this application. It will also use it for the pu prevention or detection of crime and for other related purposes.	irposes
	enforcement agencies	ay pass the information to other Government departments or organisations, the police and other law for the purposes of the Scheme, of the prevention and detection of crime, of the apprehension and rs and for other related purposes.	w
applic	irm that the information cation is a criminal offer diately notify any chang	I have supplied is complete and correct. I understand that to knowingly make a false statement in nee. I will give any additional information that may be required to verify the information given and wiges to this information.	this ill
F1/F2	Signature	Signature Date / /	
	The elementum		

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.



rei	Soliai Ellipio	byer betails and beclaration	
	PART G	To be completed by a Personal Employer (Read Note G)	
G1	Role Details Is the Applicant alre	eady undertaking regulated work in the position to which this application relates? Yes	No
G2		rried out at the home address of the Applicant?	No
G3	Position Applied For		
G4			
	Personal Employ	yer Details	
G5	Title	Mr Mrs Ms Miss Other	
G6	Surname		
G7	Forename(s)		
G8			
G9	Contact Phone No.		
G10	Email Address		
G11			
	Personal Employ	yer 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:

- 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.
- 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.



