



Existing PVG Scheme Member Application



- * 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 page 1 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

EXAMPLE

PART A Type of Application (Read Note A)

A1 Cross (X) one box only. Scheme Membership Statement Scheme Record
 Scheme Record Update Scheme Membership Statement (Countersigned)

A2 Cross (X) each box that applies. This application relates to regulated work with: Children Protected Adults

A3 Are you already a scheme member in relation to ALL types of regulated work selected in A2? Yes No

A4 If you currently do not have an online account, do you wish to apply for one with Disclosure Scotland? Yes No

If yes, provide/confirm your email address below in fields A5/A6.

A5 Email Address **DO NOT COMPLETE**

A6

PART B Personal Details (Read Note B)

Personal Details

B1 PVG Scheme ID **1012094351876621** *DO NOT USE NUMBER STARTING 20000000*

B2 Title Mr Mrs Ms Miss Other

B3 Surname **SMITH**

B4 Forename(s) **MARGARET**

B5

B6 Date of Birth **06 / 05 / 1973**

B7 Are there changes to your personal details that you have not already told us about? (See guidance) Yes No

If 'Yes' please supply these on a separate piece of paper.

Regulatory Body Details (see Guidance Notes)

B8 Have you registered with a Regulatory Body listed in the guidance notes since your last PVG Application? Yes No If 'Yes', enter details below.

B9/B10 Regulatory Body Code Registration No.

B11/B12 Regulatory Body Code Registration No.

PART C Declaration (Read Note C)

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 **PLEASE SIGN** Signature Date **20 / 02 / 2018**



Registered Body: Countersignatory Details and Declaration

PART E Countersignature - To be completed by the Countersignatory (Read Note E)

Role Details

E1 Will the work be carried out at the home address of the Applicant? Yes No

E2 Organisation Name CLUB NAME

E3

E4 Position Applied For SEE GUIDANCE NOTES

E5

Confirmation of Identity TO BE COMPLETED BY WELFARE OFFICER OR ID CHECKER

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.

E6 Birth Certificate Passport Driving Licence (with photograph) Driving Licence (without photograph) National ID Card National Entitlement Card Other

If 'Other' please state the form of identification seen.

E7

E8

E9 Authentication Reference No.

Registered Body Details

E10 Registered Body Name

E11 Registered Body/ Sub Account Code (Code of account to be invoiced.)

E12 Countersignatory Name

E13 Countersignatory Code

Countersigning on Behalf of Another Organisation

E14 Are you countersigning this application on behalf of another organisation? Yes No If 'Yes', supply name of organisation below.

E15 Organisation Name CLUB NAME

E16

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.
- 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.

F1/F2 Signature DO NOT SIGN WITHIN BOX Signature Date / /

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.



Personal Employer Details and Declaration

PART G To be completed by a Personal Employer (Read Note G)

Role Details

G1 Will the work be carried out at the home address of the Applicant? Yes No

G2 Position Applied For

G3

Personal Employer Details

G4 Title Mr Mrs Ms Miss Other

G5 Surname

G6 Forename(s)

G7

G8 Contact Phone No.

G9 Email Address

G10

Personal Employer Address This is the address your copy of the certificate will be sent to.

G11 Address (Number, Street)

G12

G13 Post Town

G14 County

G15 Post Code

G16 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 PLEASE KEEP SIGNATURE WITHIN BOX Signature Date DD / MM / YYYY

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