

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.

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 Membership Statement (Countersigned)

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

A3 Do you wish to apply for an online account with Disclosure Scotland? Yes No If 'Yes', complete B21/B22.

PART B Personal Details (Read Note B)

Name(s)

B1 Title Mr Mrs Ms Miss Other

B2 Present Surname SMITH

B3 Present Forename(s) JOHN WILLIAM

B4

B5 Are you now, have you ever been, or were you at birth known by a different name? Yes No If 'Yes', enter details below.

B6 Surname

B7 Forename(s)

B8

B9 Surname

B10 Forename(s)

B11

B12 If you require more space use a separate piece of paper and cross (X) this box.

B13 Mother's Maiden or Family Name JONES

Birth Details

B14/B15 Date of Birth 25 / 12 / 1967 Gender Male Female

B16 Town of Birth EDINBURGH

B17 Country of Birth SCOTLAND

B18 Nationality SCOTTISH

Contact Details

B19 Day Contact No. PLEASE COMPLETE

B20 Evening Contact No.

B21 Email Address PLEASE COMPLETE

B22



Additional Information, Current Address & Address History

Additional Information

B23 Do you have a UK National Insurance Number? Yes 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. [Grid]

B27 Country of Issue [Grid]

B28 Do you have a Driving Licence? Yes No If 'Yes', enter details below.

B29 Driving Licence No. [Grid]

B30 Country of Issue [Grid]

B31 Do you have a National Identity Card? Yes No If 'Yes', enter details below.

B32 National Identity Card No. [Grid]

B33 Country of Issue [Grid]

B34 National Entitlement Card No. [Grid]

B35 Electricity Supplier No. _____

B36 Are you now, or have you ever been a member of the PVG Scheme? Yes No If 'Yes', enter details below.

B37 PVG Scheme ID _____

B38 Are you now, or have you ever been registered with the ISA? Yes No If 'Yes', enter details below.

B39 ISA Registration No. [Grid]

PLEASE COMPLETE EXISTING FORM

Current Address

This is the address which will be printed on the applicant's certificate, and to which the certificate will be sent.

B40 Address (Number, Street) PLEASE COMPLETE [Grid]

B41 [Grid]

B42 Post Town [Grid]

B43 County [Grid]

B44/B45 Post Code [Grid] Resident From 12 / 2000

B46 Country [Grid]

Address History

Please provide your address history in the last five years. (Most recent first, excluding current address.)

B47 Address (Number, Street) [Grid]

B48 [Grid]

B49 Post Town [Grid]

B50 County [Grid]

B51/B52 Post Code [Grid] Resident From MM / YYYY

B53 Country [Grid]

B54 Address (Number, Street) [Grid]

B55 [Grid]

B56 Post Town [Grid]

B57 County [Grid]

B58/B59 Post Code [Grid] Resident From MM / YYYY

B60 Country [Grid]



Registered Body: Countersignatory Details and Declaration

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

Role Details

E1 Is the Applicant already undertaking regulated work in the position to which this application relates? Yes No

E2 Will the work be carried out at the home address of the Applicant? Yes No

E3 Organisation Name CLUB NAME

E4

E5 Position Applied For SEE GUIDANCE NOTES

E6

Confirmation of Identity TO BE COMPLETED BY WELFARE OFFICER or IDCHECKER

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.

E7 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.

E8

E9

E10 Authentication Reference No.

Registered Body Details

E11 Registered Body Name

E12 Registered Body/Sub Account Code (Code of account to be invoiced.)

E13 Countersignatory Name ~~Do NOT COMPLETE~~

E14 Countersignatory Code

Countersigning on Behalf of Another Organisation

E15 Are you countersigning this application on behalf of another organisation? Yes No If 'Yes', supply name of organisation below.

E16 Organisation Name CLUB NAME

E17

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 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.



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