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| Disclosure & Barring Service Consent Form |

With effect from 17 June 2013, the Disclosure & Barring Service introduced Applicant-only DBS Certificates. Organisations will no longer receive a copy of the Disclosure certificate from the Registered Body, therefore it is your (the applicant) responsibility to present your original certificate to Bury Council upon request.

**For completion by the individual**

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| **Have you subscribed to the DBS Update Service?** | Yes / No | If Yes, please ensure that you advise Bury Council if you unsubscribe whilst still in employment.  If No, a DBS Application form **must** be completed. |

Please note that all the following information must be provided and that the details given must be as per the certificate presented.

**Details (PLEASE USE BLOCK CAPITALS)**

|  |  |  |  |
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| **Applicant’s Full Name:** |  | **Applicant’s Date of Birth:** |  |
| **Applicant’s Other Names:** |  | **Place of Birth:** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Disclosure Number:** | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  | | **Issue Date of Disclosure:** |  |

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| **Level of Disclosure\*:** | Enhanced 🞏  Standard 🞏  Basic 🞏 | **Workforce\*:** | Adult Workforce 🞏  Child Workforce 🞏  Child & Adult Workforce 🞏  Other Workforce 🞏  N/A 🞏 |

\*Please tick as appropriate

**declaration by applicant**

I give my ongoing consent to Bury Council:-

* To take a copy of my Disclosure certificate.
* To retain a copy of my Disclosure certificate safely and securely in line with the Disclosure and Barring Services Code of Practice.
* To undertake all checks relating to my Disclosure as may be necessary to assist with an assessment of my suitability for a position/s.
* That a copy of my Disclosure may be seen by those the Council deems necessary to determine my suitability to undertake the position/s for which I am employed.

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| --- | --- | --- | --- |
| **Name:** |  | **Date:** |  |
| **Signature:** |  | | |

**For Official use Only**

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| **Type of Disclosure:**  (please tick as appropriate) | | | Adults’ Barred List Checked 🞏  Children’s Barred List Checked 🞏  No Barred List Checked 🞏 | | |
| **Original document seen & checked to the information detailed above:** | | | | | |
| **Name:** |  | | | **Date:** |  |
| **Signature:** | |  | | | |