Application form: Standard / Enhanced Disclosure ISA Registration

Independent Safeguarding Authority

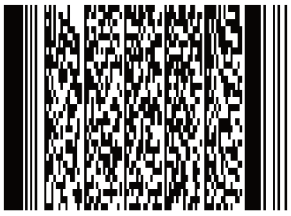
About this form

This form can be used to apply for an AccessNI Standard or Enhanced disclosure and/or to register with the Independent Safeguarding Authority [ISA]. If you are applying for an AccessNI disclosure and for ISA registration on this form, it must be for the same position – if not, two application forms must be completed.

Please complete this application form in CAPITAL letters and use black ink. Applicants must complete Parts B, C, 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.dojni.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.dojni.gov.uk/accessni).

AccessNI Reference ☐☐☐☐☐☐☐☐☐☐ *(AccessNI use only)*

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

A1 Standard (£26) ☐ Enhanced (£30) ☐ Enhanced / ISA (£58) ☐ ISA only (£58) ☐ ***(Cross 1 box only)***

A2 Registered Body Name

A3 Registered Body No. ☐☐☐☐☐☐☐☐☐☐

A4 Counter Signatory No. ☐☐☐☐☐☐☐☐☐☐

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MF1	MF2	Sc1	Sc2

PART B Applicant's details

B1 Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

If 'Other' please give details

B2 Surname

B3 Forename(s)

B4 Name usually known by

B5 Surname at birth *(if different)*

used until __ __ / __ __ / __ __ __ __

B6 Any other surname(s) used? No ☐ Yes ☐ *If 'Yes', please complete F1, if 'No' go to B7*

B7 Any other forename(s) used? No ☐ Yes ☐ *If 'Yes', please complete F5, if 'No' go to B8*

B8 Gender Male ☐ Female ☐

B9 Date of birth __ __ / __ __ / __ __ __ __

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

B17 Do you have an ISA registration number? No ☐ *If No, go to B19.* Yes ☐ *If Yes, complete B18.*

B18 ISA registration number

B19 Do you have a Scottish Vetting & Barring number? No ☐ *If No, go to B21.* Yes ☐ *If Yes, complete B20.*

B20 Scottish Vetting & Barring number

B21 Preferred contact number

PART C Application for Registration with ISA

C1 Are you applying for registration with ISA? No ☐ *If No, go to Part D.* Yes ☐ *If Yes, complete C2 - C5.*

C2 Do you intend to work, paid or unpaid, with ***(Cross all that apply)*** Children ☐ Vulnerable Adults ☐

C3 Do you intend to work, paid or unpaid, in controlled activity with ***(Cross all that apply)*** Children ☐ Vulnerable Adults ☐

C4 Are you applying as a free of charge volunteer? No ☐ Yes ☐

By placing X in the Yes box at C4 I understand that I may be liable for payment at a later date should my employment status change.

C5 Security information - name of first school

For security reasons you may be asked to provide this, together with other personal information, when contacting AccessNI or ISA.

PART D 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.

D1 Current address

D2 Town / City

D3 County

D4 Country

D5 Postcode

D6 Lived at this address since / /

Please give details of a preferred Delivery Address for the Applicant's Correspondence (if different from above).

D7 Delivery address

D8 Town / City

D9 County

D10 Country

D11 Postcode

PART E Address history

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.dojni.gov.uk/accessni.

E1 Address

E2 Town / City

E3 County

E4 Country

E5 Postcode

E6 Lived at this address from / / to / /

E7 Address

E8 Town / City

E9 County

E10 Country

E11 Postcode

E12 Lived at this address from / / to / /

PART F Names history

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 Part F, please return to B8 to continue with this Form.

PART G Declaration by Applicant

By signing the applicant declaration box I confirm that the information that I have provided in support of this application is complete and true and I understand that knowingly to make a false statement for this purpose may be a criminal offence.

G1 Do you have any convictions? No ☐ Yes ☐

G2 Signature of applicant *(please sign in box)*

G3 Date of signature __ __ / __ __ / __ __ __ __

G4 Name (in CAPITALS)

Information you have supplied on this form, and any other additional information you have supplied in support of this application, may be passed to other Government organisations and law enforcement agencies.

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

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PART H Registered Body information

H1 Is the applicant applying for an AccessNI disclosure? No ☐ *If No, go to H7.* Yes ☐ *If Yes, continue from H2.*

H2 Position applied for

H3 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 ☐

H6 Is the disclosure required for a prescribed purpose? No ☐ Yes ☐

H7 Are you entitled to know if the applicant is registered to work with children? No ☐ Yes ☐

H8 Are you entitled to know whether the applicant is registered to work with vulnerable adults? 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, C, D, E & F? No ☐ Yes ☐

H10 Application type: New post holder ☐ Existing post holder ☐ Re-check of existing post holder ☐

H11 Your reference Number ***(Do not use Counter Signatory number)***

PART I Payment

I1 Method of Payment Account ☐ No Payment (Volunteer) ☐

PART J Declaration by Countersignatory

I confirm that the requisite documentation and information has been supplied and checked in accordance with AccessNI Guidance. I declare that the information I have provided in support of the application is complete and true and understand that knowingly to make false statement for this purpose may be a criminal offence.

J1 Signature of registered person *(please sign in box)*

J2 Date of signature

J3 Name in CAPITALS

Data Protection

Information on this form will be treated in confidence. AccessNI is registered with the Information Commissioner. Data supplied by you on this form will be processed in accordance with the provisions of the Data Protection Act 1998. The full protection statement is set out in section 1,10 of our Guidance.