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### DBS JUSTIFICATION FORM

**Use this form to request a DBS check.**

<b>1. Name and email address of person requesting the check on behalf of the Applicant</b> (PSL/ Deanery Administrator/ Diocesan Officer sending the email)			
<b>2. Applicant's Full Name</b> (including middle names)			
<b>3. Applicant's email address</b>			
<b>4. Applicant's date of birth</b>	_ _ / _ _ / _ _ _ _		
<b>5. Applicant's phone number</b>			
<b>6. Intended Workforce</b> (Please circle one)	CHILD	ADULT	CHILD & ADULT
<b>7. Job Title of Church Role Applied For</b>			
<b>8. Parish Name / Department Name</b>			
<b>9. Is the applicant eligible to be checked against the Children's Barred List?</b>  If yes, please explain what Regulated Activity this applicant has with children			
<b>10. Is the applicant eligible to be checked against the Adult's Barred List?</b>  If yes, please explain what Regulated Activity this applicant has with vulnerable adults			
<b>11. Is the applicant's home address the primary place of work with children/vulnerable adults?</b>	YES	NO	
<b>12. Is this application for a paid post?</b>	YES	NO	
<b>13. Has the applicant completed a Confidential Declaration Form?</b>	YES	NO	
<b>14. Is the Confidential Declaration Form attached?</b> If no, please explain why			

**When completed please post to Church House or email to [safeguarding@derby.anglican.org](mailto:safeguarding@derby.anglican.org)  
Please send the Confidential Declaration Form with this form.**