**Mandatory Information about the Applicant**

|  |  |  |
| --- | --- | --- |
|  |  | **Documents you saw** |
| **Full (all) Names** |  |  |
| **Date of Birth** | DD/MMM/YYYY |  |
| **Address** |  |  |
| **Post Code** |  |  |
| **email** |  | N/A |
| **Photographic ID** |  |  |
| **Role in Parish** |  | N/A |
| **Workforces** | Child Adult Child and Adult | Mark as required |
| **Work From Home** | No Yes This is required for all clergy and those working towards ordination training and the shared discernment process | Mark as required |
| **Barring Checks Needed** | |  |  |  |  | | --- | --- | --- | --- | | Child | Yes | Adult | Yes | | No | No | | Mark as required |
| **Parish & Church** |  | N/A |
| **Paid Role** | No Yes | Mark as required |

**Optional Information about the Applicant**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | | | **State Source Document you saw** |
| **Driving Licence Number** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **L** | **L** | **L** | **L** | **L/N** | **N** | **N** | **N** | **N** | **N** | **N** | **L** | **L/N** | **N** | **L** | **L** | | | | **Photocard/Paper** |
| **Driving Licence Issue date** | DD/MMM/YYYY | | |  |
| **Passport Number** | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **N** | **N** | **N** | **N** | **N** | **N** | **N** | **N** | **N** | | | |  |
| **Passport Issue date** | DD/MMM/YYYY | **Nationality** |  |  |
| **National Insurance Number** | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **L** | **L** | **N** | **N** | **N** | **N** | **N** | **N** | **L** | | | |  |

**Other Documents Seen**

|  |
| --- |
|  |

I confirm that

* I have seen and clearly identified above the three original documents (not photocopies or printouts).
* These documents are all in the applicant’s name, at least one has the applicants Date of Birth.
* At least two documents show the applicant’s current address.
* All documents are recent and valid.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form once completed to whoever processes DBS applications in your parish or benefice**