## **AccessNI**



# Disclosure Certificate Application Form

For AccessNI purposes only							
Reference number	L						

#### **About this form**

AccessNI's Guide and website contain step by step instructions to help you complete this Application Form. Please visit www.accessni.gov.uk or consult the Guide.

#### **Data Protection**

Information on this Form will be treated in confidence. AccessNI is registered with the Information Commissioner and 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 the Guide.

#### **Basic Disclosures**

Applicants should complete Parts A, B and C.

#### **Standard and Enhanced Disclosures**

Applicants should complete Parts B and C before returning the Form to the Registered Body.

Please complete this Application Form in CAPITAL letters and use black ink. Failure to complete the Form correctly may result in a delay or the Form being returned unprocessed.

The details provided on this Application Form may be referred by AccessNI to Government data sources specified in the Police Act 1997 (as amended) for matching purposes. Where a match is found data may be released to AccessNI for inclusion on the Disclosure Certificate. The details provided may also be used to update data source records where necessary, and they may also be used to confirm identity against external data sources using an electronic authentication product.

## **Proving your identity**

You will be asked to produce several documents to prove your identity. If you are applying for a Basic Disclosure on your own behalf you will need your identification verified by a PSNI officer (D1). In all other cases the person who asked you to complete this Form (eg your prospective employer) must verify your identification. Acceptable identity documents are listed below.

#### **Valid Identification Documents**

Three documents must be produced in the name of the Applicant; one from Group 1 and two from Group 2. If this is not possible, then five documents from Group 2 must be produced. It is preferred that at least one of these documents includes photographic identification.

## Group I

- Valid passport (any nationality)
- UK Driving Licence Full or Provisional –
   England/Wales/Scotland/Northern Ireland/Isle
   of Man; either photocard or paper (a
   photocard is only valid if accompanied with
   the paper counterpart)
- Original UK birth certificate (issued within 12 months of date of birth, full or short form acceptable)
- Valid photo identity card (EU countries only)
- · UK Firearms licence
- HM Forces ID card (UK)
- Adoption Certificate (UK)

## Group 2

- Marriage certificate/Civil Partnership Certificate
- Non-original UK birth certificate (issued after 12 months of date of birth, full or short form acceptable)
- P45/P60 statement
- Utility bill (electricity, gas, water, telephone including mobile phone contract/bill)
- Valid TV licence
- · Credit card statement
- · Store card statement
- Mortgage statement
- Valid insurance certificate
- · Certificate of British nationality
- British work permit/visa\*\*
- · Asylum Registration Card
- AccessNI Disclosure Certificate
- Personal correspondence or a document from a Government
   Department\*
- Bank or Building Society Document\*\*
- Financial statement e.g. pension, endowment, ISA \*\*
- · Valid vehicle registration document
- Mail order catalogue statement\*
- Court summons
- Valid NHS card
- Court Claim Form
- Addressed payslip\*
- National insurance number card
- Examination certificate (e.g. GCSE, NVQ)
- Letter from a Head Teacher\*
- Child benefit book
- Smartpass

<sup>\*</sup> documentation must be less than 3 months old

<sup>\*\*</sup> documentation must be issued within the last 12 months

## Type of application **PART A** Al Type of application Basic Standard Enhanced Cross (x) one box only **PART B Personal details** Miss Title Mr Ms Dr Other Mrs If 'Other" please give details Surname Forename(s) Name usually known by **B4 B5** Surname at birth (if different) used until Any other surname(s) used? Yes No If Yes - give name(s) and date(s) used from used until Any other forename(s) used? Yes No If Yes - give name(s) and date(s) used from used until Gender **B8** Male Female Date of birth **B9 BIO Place of birth -**Town Country BII Mother's maiden name

National insurance number	
BI3 Driving licence number	
BI4 Passport number	
BI5 Home telephone number with STD code	
Preferred contact number	

B<sub>17</sub> e-mail address

## PART B Personal details - continued

B18	Current address												 	
B19	Town / City													
B20	County													
B21	Postcode													
B22	Lived at this address since		/			/								
B23	<b>Delivery address</b> (if different from above)													
B24	Town / City													
B25	County											ı		
B26	Postcode													
	If you have lived at this ad residence for the last 5 year of your address history exceeds additional pages please ensure	the spe	<b>ow.</b> ace d											
B27	residence for the last 5 years lf your address history exceeds	the spo that yo	<b>ow.</b> ace d ou ad	ld yo	ur no	ame,	addr	ess a						
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## PART C Declaration by Applicant

## **Declaration by Applicant**

Information you have supplied on this Form, and any other additional information you have supplied to support this application, may be passed to other government organisations and law enforcement agencies.

I declare that, to the best of my knowledge and belief, all of the information I have given in connection with this application is full and correct in every respect. I undertake to supply any additional information that may be required by AccessNI to verify the particulars given and also to inform AccessNI immediately of any alteration to these particulars.

**Warning** – It is an offence if you knowingly make a false statement for the purpose of obtaining, or enabling another person to obtain any level of Disclosure. The work of AccessNI includes checking that all the information given is genuine.

By signing below you are agreeing to the above conditions of application.

Signature of Applicant	
Name (in CAPITALS)	
Date	

#### **Next Step**

### For Basic Disclosures

Unless you have been otherwise advised, you must take this Form to a PSNI station along with appropriate identification (see page 2). Once your identity has been confirmed, forward this Form, along with the correct payment (see Part F), to AccessNI.

#### **Standard and Enhanced Disclosures**

You must return this Form to the person who asked you to complete it.

- If you are paying for this Disclosure, please complete Part F of this Form.
- If the person who asked you to complete this Form is paying on your behalf, you should return the Form to them leaving Part F blank.

# PART D Basic check identification - to be completed by the PSNI (unless advised otherwise)

When an individual is seeking a check on themselves they must have their identity evidenced and verified at a PSNI station (unless they have been advised otherwise). If this is not possible, please contact AccessNI for advice. Please see Guidance Notes for acceptable means of identification. Evidence seen and checked by PSNI PSNI Officer's name PSNI Officer's number **PSNI Station Stamp** Stamp

Date

# PART E Standard and Enhanced Checks only - to be completed by the Registered Body

Details of the position for which the certificate is being requested.

E I	Danisian amplication																					$\neg$
ΕI	Position applied for																					_
E2	Organisation Name					1			1	1	1			1								
E3	Will the work be carri	ied o	ut at	the	hom	e ad	dres	s of	the A	Appli	cant	?	Ye	s			No					
E4	As a Registered Person for the purposes of an						the o	certi	ficat	e is r	equi	red	Ye	s			No					
E5	As a Registered Person for a Prescribed Purpo		you	confi	irm t	hat 1	the o	certi	ficato	e is r	equi	red	Ye	s			No					
E6	Does this role qualify f Disqualified from Worl						of I	Indiv	idua	s			Ye	s			No					
E7	Does this role qualify f Disqualified from Worl							Indiv	idua	S			Ye	s			No					
E8		Iden	tity c	onfir	med								Ye	s								
E9		Date	<u> </u>												/			/				
EIO	Registered Body Na	ame																				
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EH	Registered Body Numb	ber				'		'		,						-						
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	Countersignatory Numb	ber			-		1	1	1				1	1		1		1	1			

## PART F Method of Payment

Please note - AccessNI does not accept cash payments.

FI	On Account	Maestro
	Visa	Postal Order enclosed
	Delta	Volunteer (see definition) No payment required
	MasterCard	- this applies to Standard and Enhanced Disclosures only.
	Cheque enclosed	Please make cheques payable to 'Access NI'.  We recommend the cheque is completed black ink.
F2	Cheque Payment - please complete t	ha haves below
1 4	Cheque i ayment - please complete t	THE BOXES DELOW
	Sort Code	
	Account number	
	Cheque number	
	Other	
	Initials	(For AccessNI purposes only)
_		VISA CONTRACTOR CONTRA
	Credit / Debit Card Payments - p	please complete the boxes below
F3	Card number	
F4	Expiry date	This is the large number written across the middle
F5	Issue number (Maestro only)	of your card.
F6	Start date	
F7	Card security code	
F8	Name on card	
F9	Signature	
FIO	Signature date	

## Part G Declaration by Registered Person

I declare that, to the best of my knowledge and belief, all of the information that I have given in connection with this application is full and correct. I undertake to supply any additional information that may be required by AccessNI to verify the particulars given and also to inform Access Northern Ireland immediately of any alterations to these particulars.

### Warning

It is an offence if you knowingly make a false statement for the purpose of obtaining, or enabling another person to obtain, a Disclosure.

The signature you supply here will be checked against the sample you supplied on the Registration Application.

GI	Signature of Registered Person	
G2	Name of Registered Person (CAPITAL letters)	
G3	Date	

The details provided on the application form may be referred by AccessNI to the government data sources specified in legislation\* for matching purposes. Where a match is found data may be released to AccessNI for inclusion on the disclosure certificate. The details provided may also be used to update data source records where necessary. The details provided on your application form may be used to confirm your identity against external data sources using an electronic authentication product.

Completed applications should be sent to:

AccessNI
Brooklyn
65 Knock Road
Belfast
BT5 6LE

<sup>\*</sup>The Police Act 1997 (as amended)