



# **Identity Verifier DBS 3C Form**

For use with the electronic DBS application process

**To be completed by the ID verifier in BLOCK CAPITALS:**

**Name of Applicant:**

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**Parish / Religious Order / Organisation:**

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**All roles applicant will undertake:**

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**Church (if applicable):**

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**Applicant's email address:**

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**Applicant's National Insurance Number:**

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**Applicant's Date of Birth:**

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**Applicant's Current Address:**

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**Documents provided for verification:**

**(Please state the documents you are verifying)**

**Document 1:** \_\_\_\_\_

**Document 2:** \_\_\_\_\_

**Document 3:** \_\_\_\_\_

**Document 4:** \_\_\_\_\_

**Document 5:** \_\_\_\_\_

***I confirm that the applicant has provided sufficient evidence / explanation to prove ALL their name changes***

(Please tick to confirm)

At least one document provided contains a date of birth

At least one document provided contains a current address

At least one document provided confirms the applicant's current full name

I confirm that I have seen the original identity documents as indicated above and have obtained photocopies

ID Verifier's Full Name:

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Name of Parish (include town)/Religious Order or Organisation:

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Position:

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Signed:

Date:

**To be completed by the applicant:**

I consent to my data being processed online by a secure third-party data processor for the purpose of my DBS application.

I understand if I do not consent to an electronic result being issued to the registered body submitting my application that I must not proceed with my application.

I understand that to withdraw my consent whilst my application is in progress I must contact the DBS helpline 03000 200 190. My application will then be withdrawn.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_