

Identity Verifier DBS 3C Form

For use with the electronic DBS application process

To be completed by the ID verifier in BLOCK CAPITALS:

Full name of Applicant (including middle names):

Please state any previous names (including middle names and maiden names) and the date the applicant was known by these names:

Name(s)

Dates from **Date used until**

Parish / Church / Religious Order / Organisation:

All roles applicant will undertake:

Please tick if role is: Volunteer Paid

Applicant's email address:

Applicant's National Insurance Number:

Applicant's Date of Birth:

Applicant's current address:

Applicant has lived here since:

All previous addresses within last 5 years if Applicant has lived at their current address for less than 5 years:

Address:

Date moved in: **Dated moved out:**

Address:

Date moved in: **Dated moved out:**

Address:

Date moved in: **Dated moved out:**

Address:

Date moved in: **Dated moved out:**

Address:

Date moved in: **Dated moved out:**

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:

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

Position:

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 My application will then be withdrawn.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: