

## **DBS17 - Applicant Consent For DBS Processing Form**

For all roles requiring a DBS Check to be processed via the CSSA Registered Body  
(To be completed by the applicant in BLOCK CAPITALS)

If you have a disability that may make the completion of this form difficult, the form can be completed by someone on your behalf. However, your signature will continue to be required.

APPLICANT NAME:

NAME OF APPOINTING CARE HOME/PARISH/RELIGIOUS CONGREGATION/ORGANISATION:

The **Catholic Safeguarding Standards Agency (CSSA)** is registered with the **Disclosure & Barring Service (DBS)** for processing criminal record checks. Individuals working in diocesan offices, parishes, religious congregations and catholic organisations (where agreed with CSSA), who carry out criminal record check processes via the DBS, are 'agents' of the CSSA Registered Body and are bound by the policies of the DBS and the Catholic Church national safeguarding procedures for DBS application processing.

**Before we process your application, please confirm the following:**

- I have been provided with a link to the [CSSA DBS privacy policy](#) and I understand that the Registered Body and its Agents will process my personal data.
- I consent to my application being processed online via a secure third-party data processor.

**You are required by the DBS, to confirm the following:**

- I have read the Standard/Enhanced Check Privacy Policy for applicants <https://www.gov.uk/government/publications/dbs-privacy-policies> and I understand that DBS will process my personal data and the options available to me for submitting an application.
- I consent to the DBS providing an electronic result directly to the registered body that has submitted my application. I understand that an electronic result contains a message that indicates either the certificate is *Clear* or *See Paper Disclosure*. If the result is *See Paper Disclosure*, this will indicate that my certificate contains information and the certificate will need to be seen by the appointing organisation.
- I understand that in some cases, the registered body may provide this information directly to the appointing organisation prior to me receiving my certificate.

**Signed:**

**Date:**