

## **Confirmation of Identity Form DBS 3b**

*If you have a disability that may make the completion of this form difficult, it can be completed by someone on your behalf however you are required to sign and date the form.*

**To be completed by the Applicant in BLOCK CAPITALS using black ink:**

**Name of Applicant:**

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**Care Home / Parish / Religious Order / Organisation:**

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**Church (if applicable):**

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**Declaration (please read, sign and date)**

- In the spirit of the Church's commitment to protect and safeguard the vulnerable in our communities, I understand that to knowingly provide inaccurate information or omit information will be considered a breach of trust and may result in me being asked to step down from post.
- I am supplying sufficient documents to confirm my identity and all previous names for a DBS application and safer recruitment practice. I agree to these documents being photocopied to confirm my identity for a DBS verification purposes and understand that they will be securely disposed of on receipt of a completed disclosure\*, (\*excepting as per Care Quality Commission (CQC) and Care Inspectorate Wales (CIW) requirements). Please see the following link for more information on the requirements: <https://www.gov.uk/government/publications/handling-of-dbs-certificate-information/handling-of-dbs-certificate-information>
- I understand (in accordance with the Data Protection Act 2018) that this form will be held securely in accordance with the Catholic Church's safeguarding record retention schedule.
- I declare that the information I have given on this form is correct.

**Signed:**

**Date:**

**To be completed by the ID Verifier in BLOCK CAPITALS using black ink:**

**Applicant's Name:**

**Applicant's Date of Birth:**

**Applicant's Current Address:**

*This form will be retained for 10 years and 1 day after the person leaves role or will be superseded by a new DBS 3b when a new application is processed, refer to document retention policy for further details.*

**(To be completed by the ID Verifier)**

**Documents provided for verification (Please state the documents you are verifying):**

**Document 1:**

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**Document 2:**

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**Document 3:**

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**Document 4:**

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**Document 5:**

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*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 Care Home / Parish (include town)/Religious Order or Organisation:**

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**Position:**

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**Signed:**

**Dated:**

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