



CSSA Confidential Safeguarding Self Declaration Form DBS 4 - November 2023

Confidential Safeguarding Self Declaration Form DBS 4

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. **This form can be returned in a sealed envelope.**

Please state your PARISH, RELIGIOUS ORDER or ORGANISATION:	
Please state the CHURCH you belong to within your PARISH if applying for a parish role:	
Please state ALL ROLES you undertake at ALL PARISHES / RELIGIOUS ORDERS / ORGANISATIONS:	
Status of Role:	<input type="checkbox"/> Employed <input type="checkbox"/> Voluntary <input type="checkbox"/> Post Holder
Title:	Date of Birth:
Place of Birth:	
Current Full Name:	
State any PREVIOUS NAMES including any BIRTH NAMES if you have been MARRIED or if THE NAME YOU ARE USING IS DIFFERENT TO YOUR BIRTH NAME	Provide ALL DATES YOU USED THOSE NAMES e.g. from (dd/mm/year) to (dd/mm/year)
<u>You must provide proof of all name changes, if you are unable to do so you must provide the ID Verifier with a satisfactory explanation</u>	
Current Full Address including Postcode:	Date you moved into your current address (dd/mm/year):
<u>(Please provide details of previous addresses if you have lived at your current address less than 5 years, additional addresses may be supplied on another sheet of paper if necessary)</u>	
Full Address including Postcode:	Dates from & to (dd/mm/year):
Full Address including Postcode:	Dates from & to (dd/mm/year):
Home Telephone Number:	Mobile Telephone number:
Email:	National Insurance Number:
Please state your CURRENT NATIONALITY:	
Please state your BIRTH NATIONALITY:	

