



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 (inc title & middle names):

Please state any additional/previous names (including title, middle, last names) and the date the applicant was known by these names (IF MORE THAN 4 PLEASE INCLUDE ADDITIONAL PAGE)

Full name (including title, middle and surname)	Start date in DD/MM/YYYY ONLY	End date in DD/MM/YYYY ONLY

Parish / Church / Religious Order / Organisation:

All roles applicant will undertake:

Please tick if role is:

☐

Volunteer

☐

Paid

Email address:

Telephone number:

Applicant's Date of Birth: National Insurance Number:

Applicant's current address:

Applicant has lived here since (DD/MM/YYYY):

All previous addresses within last 5 years if Applicant has lived at their current address for less than 5 years (IF MORE THAN 4 PLEASE INCLUDE ADDITIONAL PAGE):

Address:

Date moved in (DD/MM/YY): Dated moved out (DD/MM/YY):

Address:

Date moved in (DD/MM/YY): Dated moved out (DD/MM/YY):

Address:

Date moved in (DD/MM/YY): Dated moved out (DD/MM/YY):

Address:

Date moved in (DD/MM/YY): Dated moved out (DD/MM/YY):

**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	
Name change evidence has not been provided. A probing discussion between ID verifier and PSR has taken place and is noted below (Failure to record notes of the reason for insufficient evidence in the Discussion Notes below will result in the application being rejected by DBS Submissions team. By ticking this box, you are verifying that the information on additional/previous names on page 1 includes dates and you have verified that it is correct.)	
Discussion Notes:	

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: