SCHEDULE Regulation 2



FOR OFFICIAL USE ONLY

- . PLEASE REFER TO THE ACCOMPANYING GUIDANCE NOTES AS YOU COMPLETE THE FORM.
- Please print in CAPITAL letters within the white boxes and do not make a mark on any other part of the form. We recommend you use blue or black ink.
- Applicants should complete PARTS A, B and C on pages 1, 2 and 3 of the form which are coloured blue. The Applicant may also have to complete PART D depending on whether or not they are paying for the Disclosure. Please check payment arrangements before completing PART D.
- Mandatory fields are highlighted in yellow, you must provide information in these fields or your application will be returned to you.
- Please make a note of the Barcode Number at the top to assist with any future query.

	PART A Type of	Applica	ation (Read No	te A)				
A1	Basic	Х	Standard	X E	nhanced X	Cross (X) one box only.		
	PART B Persona	l Detail	ls (Read Note B					
	Name(s)							
B1	Mr	× M	frs X Ms X	Miss X C	ther			
B2	Present Surname							
В3	Present Forenames							
B4								
B5	Mother's Maiden (or Family) Name							
B6	Are you now, have you ev	er been, or	r were you at birth k	nown by a different	name? Yes X	No Kill If 'Yes', please enter	the details below.	
В7	Surname							
В8	Forenames							
B9								
B10	Surname							
B11	Forenames							
B12								
B13	If you require more space	use a sep	parate piece of paper	and cross this box	. X			
	Birth Details							
B14/	B15 Date of Birth	D D A	/ M M / Y			Gender Male X	Female X	
B16	Town of Birth							
B17	Registration District							
B18	Country of Birth							
	Additional Information							
B19	National Insurance No.							
B20/	B21 Full Passport No.					Is this a UK Passport? Yes	X No X	
	•					Is this a UK		
B22/	B23 Driving Licence No.					Driving Licence? Yes	× No ×	
B24	Electricity Supplier No.							
B25	Previous Disclosure No.							
1				1.			Page 1 of 4	

ontact Deta	ails and Address History
Contact Information	Providing this information will enable Disclosure Scotland to contact you in the event of a query on your application.
Home Phone No.	
incl. Area Code	
Business/Mobile Phone No.	
incl. Area Code	
28 Email Address	
29	
Current Address	This is the address your Disclosure will be sent to.
Address (Number, Street)	
31	
Post Town	
33 County	
84/B35 Post Code	Resident From DDD / MM / YV Y
Country	(Year is the minimum required.)
(Blank II OK)	
Address History	Please provide your address history in the last five years. (Most recent first.)
Address (Number, Street)	
38	
39 Post Town	
40 County	
41/B42 Post Code	Resident From D. D. / M. M. / Y. V. V.
Country (Blank if UK)	(Year is the minimum required.)
Address Address	
(Number, Street)	
6 Post Town	
7 County	
48/B49 Post Code	Resident From (Year is the minimum required.)
Country (Blank if UK)	Towns of the state
Address (Number, Street)	
52	
3 Post Town	
54 County	
55/B56 Post Code	Resident From (Year is the minimum required.)
Country (Blank if UK)	
58 If you require more spa	ce use a separate piece of paper and cross this box.
you require more upon	Page 2 o

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Declaration and Payment

	PART C	Declaration (Read Note C)						
	Information you have supplied on this form and on the Disclosure record to which this relates may be passed to other								
	I declare that, is full and con	Government organisations and law enforcement agencies. I declare that, to the best of my knowledge and belief, all of the information that I have given in connection with this application is full and correct in every respect. I undertake to supply any additional information that may be required by Disclosure Scotland to verify the particulars given and also to inform Disclosure Scotland immediately of any alterations in these particulars.							
	WARNING It is obtain, a Disc	WARNING It is an offence if you knowingly make a false statement for the purpose of obtaining, or enabling another person to obtain, a Disclosure. The work of Disclosure Scotland includes checking that all the information given is genuine.							
			eing to the above co						
C1/0	Applicant's Signature				Signature Date	1			
	Standard and Enhanced Disclosures - If you, as the Applicant, are paying for this Disclosure, complete PART D before forwarding the form to the Registered Body for countersignature. If the Registered Body is paying for it on your behalf, leave PART D blank and forward the form directly to them. Basic Disclosures - Applicants should complete PART D and send the form directly to Disclosure Scotland." (See Guidance Notes.)								
	PART D	Payment (Rea	d Note D)						
D1	Is this applicati	ion in respect of a	volunteer in the volur	ntary sector working v	vith children or adults a	t risk? Ye	s No		
D2	If this Disclosure is to be paid for by a Registered Body, the Registered Person should cross this box and complete this PART.								
D3	Method of F	Payment							
	Registered Boo	dy Invoice	Cheque	VISA	Master Card	Switch			
		Maestro	Solo	Delta	Postal Order	Voucher			
	Please make che	ques payable to 'Dis	closure Scotland'. We re	ecommend the cheque i	s completed in blue or bla	ck ink.			
	Credit/Debi	t Card Payme	nts						
D4	Card Number					This is the large number w middle of your card. Do no			
D5	Expiry date	/							
D6	Issue Number	If your	card has one.						
D7	Name of Cardholder								
D8/I	9 Signature o Cardholde				Signature Date	1			
	Voucher Pag	yments							
D10	Voucher Number	r							
		- send complet		D AND ENHANCED	DISCLOSURES ad Body countersign	ing your application			
	- Se	end completed	application forms t	BASIC DISCLOSU to: Disclosure Scot		50, GLASGOW G51 1Y	J		
	FOR DISCLOSURE SCOTLAND USE ONLY. DO NOT WRITE BELOW THIS LINE								
	Correct Paymen	t	Amount	•	Sort	Code			
	Account Numbe	r		Cheque Num	ber				
	Other								
	Initials								
		_		_					

Document Generated: 2023-06-19

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

	C						
Countersignature							
This section to be completed by a Registered Person only.							
	PART E Countersignature (Read Note E)						
	Applications for Standard and Enhanced Disclosures need to be countersigned by a Registered Person. At E2 as much detail as possible should be provided for the position in the organisation. For applications for Enhanced Disclosure the information provided here may be used by a Chief Constable to determine the relevance of non-conviction information to the role.						
E4	Role Details Organisation						
E1	Name Position Applied For						
E3	7 ppinou i oi						
E4	Will the work be carried	out at the Home Address of the Applicant?	Yes X	No X			
	Exempted Question	n/Prescribed Purpose					
E5	As Registered Person, d	to you confirm that the certificate is required for the purposes of an Exempted Question?	Yes X	No X			
E6	As Registered Person, d	to you confirm that the certificate is required for a Prescribed Purpose?	Yes X	No X			
	List Searches		W W	M. V			
E7			Yes X	No X			
E8			Yes X	No X			
	Registered Body De Registered	etails					
E9	Body Name						
E10	Registered Body Code						
E11	Registered Person Name						
E12	Registered Person Code						
	Confirmation of Ide	entity					
	The Registered Person must satisfy themselves as to the identity of the Applicant. It is recommended that at least three forms of identity are checked, if possible, at least one should be photographic. These should confirm the name, the date of birth and the current Home Address of the Applicant. Cross the appropriate boxes below to confirm what has been checked.						
E13	Birth Certificate X Passport X Driving Licence (with photograph) Country Passport X Other X						
	If 'Other' then please st	tate the other form of identification seen.					
E14							
E15	Authentication						
	Reference No.						
	Umbrella Body Det	talls plication on behalf of another organisation, please supply the name of that organisation here.					
E16	Organisation						
_	Name	Destaurition					
	Registered Person Declaration As Registered Person, I declare that, to the best of my knowledge and belief, all of the information that I have given in connection with this application is full and correct in every respect. I undertake to supply any additional information that may be required by Disclosure						
	Scotland to verify the particulars given and also to inform Disclosure Scotland immediately of any alterations to these particulars. WARNING It is an offence if you knowingly make a false statement for the purpose of obtaining, or enabling another person to obtain, a Disclosure. The work of Disclosure Scotland includes checking that all the information given is genuine.						
E17	17/E18 Countersignature Scientific Includes checking that all the information given is gentuine.						
	The signature you supply here will be checked against the sample you supplied on the Registration application.						
		4	P	Page 4 of 4			