


**Status:** This is the original version (as it was originally made).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

SCHEDULE

Regulation 2



# Disclosure Application

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 Application (Read Note A)**

A1	Basic <input checked="" type="checkbox"/>	Standard <input checked="" type="checkbox"/>	Enhanced <input checked="" type="checkbox"/>	Cross (X) one box only.
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**PART B Personal Details (Read Note B)**

**Name(s)**

B1	Mr <input checked="" type="checkbox"/>	Mrs <input checked="" type="checkbox"/>	Ms <input checked="" type="checkbox"/>	Miss <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	
B2	Present Surname					
B3	Present Forenames					
B4						
B5	Mother's Maiden (or Family) Name					
B6	Are you now, have you ever been, or were you at birth known by a different name? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> If 'Yes', please enter the details below.					
B7	Surname					
B8	Forenames					
B9						
B10	Surname					
B11	Forenames					
B12						
B13	If you require more space use a separate piece of paper and cross this box. <input checked="" type="checkbox"/>					

**Birth Details**

B14/B15	Date of Birth <input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="YYYY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/>	Gender	Male <input checked="" type="checkbox"/>	Female <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>			
B22/B23	Driving Licence No.				
		Is this a UK Driving Licence? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>			
B24	Electricity Supplier No.				
B25	Previous Disclosure No.				

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## Contact Details and Address History

Contact Information		Providing this information will enable Disclosure Scotland to contact you in the event of a query on your application.											
B26	Home Phone No. incl. Area Code												
B27	Business/Mobile Phone No. incl. Area Code												
B28	Email Address												
B29													
Current Address		This is the address your Disclosure will be sent to.											
B30	Address (Number, Street)												
B31													
B32	Post Town												
B33	County												
B34/B35	Post Code												
B36	Country (Blank if UK)												
Address History		Please provide your address history in the last five years. (Most recent first.)											
B37	Address (Number, Street)												
B38													
B39	Post Town												
B40	County												
B41/B42	Post Code												
B43	Country (Blank if UK)												
B44	Address (Number, Street)												
B45													
B46	Post Town												
B47	County												
B48/B49	Post Code												
B50	Country (Blank if UK)												
B51	Address (Number, Street)												
B52													
B53	Post Town												
B54	County												
B55/B56	Post Code												
B57	Country (Blank if UK)												
B58	If you require more space use a separate piece of paper and cross this box.												



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# 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.

### Role Details

E1 Organisation Name

E2 Position Applied For

E3

E4 Will the work be carried out at the Home Address of the Applicant? Yes  No

### Exempted Question/Prescribed Purpose

E5 As Registered Person, do you confirm that the certificate is required for the purposes of an Exempted Question? Yes  No

E6 As Registered Person, do you confirm that the certificate is required for a Prescribed Purpose? Yes  No

### List Searches

E7 Does this role qualify for a search of the Lists of Individuals Disqualified from Working with Children? Yes  No

E8 Does this role qualify for a search of the Lists of Individuals Disqualified from Working with Adults at Risk? Yes  No

### Registered Body Details

E9 Registered Body Name

E10 Registered Body Code

E11 Registered Person Name

E12 Registered Person Code

### Confirmation of Identity

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  Passport  Driving Licence (with photograph)  Driving Licence (without photograph)  Other

If 'Other' then please state the other form of identification seen.

E14

E15 Authentication Reference No.

### Umbrella Body Details

If you are signing this application on behalf of another organisation, please supply the name of that organisation here.

E16 Organisation Name

### 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/E16 Countersignature  Signature Date DD / MM / YYYY

PLEASE KEEP SIGNATURE WITHIN BOX

The signature you supply here will be checked against the sample you supplied on the Registration application.

