

Status: This is the original version (as it was originally made).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

SCHEDULE 2

Access NI

Disclosure Certificate Application Form

For AccessNI purposes only

Reference number

About this form

AccessNI's Guide and website contain step by step instructions to help you complete this Application Form. Please visit www.accessni.gov.uk or consult the Guide.

Data Protection

Information on this Form will be treated in confidence. AccessNI is registered with the Information Commissioner and data supplied by you on this Form will be processed in accordance with the provisions of the Data Protection Act 1998. The full protection statement is set out in section 1.10 of the Guide.

Basic Disclosures

Applicants should complete Parts A, B and C.

Standard and Enhanced Disclosures

Applicants should complete Parts B and C before returning the Form to the Registered Body.

Please complete this Application Form in CAPITAL letters and use black ink. Failure to complete the Form correctly may result in a delay or the Form being returned unprocessed.

The details provided on this Application Form may be referred by AccessNI to Government data sources specified to the Police Act 1997 (as amended) for matching purposes. Where a match is found data may be released to AccessNI for inclusion on the Disclosure Certificate. The details provided may also be used to update data source records where necessary, and they may also be used to confirm identity against external data sources using an electronic authentication product.

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Proving your identity

You will be asked to produce several documents to prove your identity. If you are applying for a Basic Disclosure on your own behalf you will need your identification verified by a PSNI officer (see section D1). In all other cases the person who asked you to complete this Form (eg your prospective employer) must verify your identification. Acceptable identity documents are listed below.

Valid Identification Documents

Three documents must be produced in the name of the Applicant, one from Group 1 and two from Group 2. If this is not possible, then five documents from Group 2 must be produced. It is preferred that at least one of these documents includes photographic identification.

Group 1

- Valid passport (any nationality)
- UK Driving Licence Full or Provisional – England/Wales/Scotland/Northern Ireland/ Isle of Man; either photocard or paper (a photocard is only valid if accompanied with the paper counterpart)
- Original UK birth certificate (issued within 12 months of date of birth, full or short form acceptable)
- Valid photo identity card (EU countries only)
- UK Firearms licence
- HM Forces ID card (UK)
- Adoption Certificate (UK)

Group 2

- Marriage certificate/Civil Partnership Certificate
- Non-original UK birth certificate (issued after 12 months of date of birth, full or short form acceptable)
- P45/P60 statement
- Utility bill (electricity, gas, water, telephone, – including mobile phone contract/bill)
- Valid TV licence
- Credit card statement
- Store card statement
- Mortgage statement
- Valid insurance certificate
- Certificate of British nationality
- British work permit/visa**
- Asylum Registration Card
- AccessNI Disclosure Certificate
- Personal correspondence or a document from a Government Department*
- Bank or Building Society Document**
- Financial statement e.g. pension, endowment, ISA**
- Valid vehicle registration document
- Mail order catalogue statement*
- Court summons
- Valid NHS card
- Court Claim Form
- Addressed payslip*
- National insurance number card
- Examination certificate (e.g. GCSE, NVQ)
- Letter from a Head Teacher*
- Child benefit book
- Smartpass

* documentation must be less than 3 months old

** documentation must be issued within the last 12 months

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PART A Type of application

A1 Type of Application Basic Standard Enhanced Cross (x) one box only

PART B Personal details

B1 Title Mr Mrs Miss Ms Dr Other

If "Other" please give details

B2 Surname

B3 Forename(s)

B4 Name usually known by

B5 Surname at birth

(if different)

used until / /

B6 Any other surname(s) used? Yes No

If Yes — give name(s)

and date(s) used from / /

used until / /

B7 Any other forename(s) used? Yes No

If Yes — give name(s)

and date(s) used from / /

used until / /

B8 Gender Male Female

B9 Date of birth / /

B10 Place of birth — Town

Country

B11 Mother's maiden name

B12 National insurance number

B13 Driving licence number

B14 Passport number

B15 Home Telephone number
with "STD" code

B16 Preferred contact number

B17 e-mail address

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PART B Personal details (continued)

B18 Current address

B19 Town/City

B20 County

B21 Postcode

B22 Lived at this address since / /

B23 Delivery Address (if different from above)

B24 Town/City

B25 County

B26 Postcode

If you have lived at this address for less than 5 years please list below all your previous addresses and dates of residence for the last 5 years.

If your address history exceeds the space available, you may use an additional sheet. If you have to use additional pages please ensure that you add your name, address and date of birth at the top of each additional page.

My previous addresses over the last 5 years were—

B27 Address

B28 Town/City

B29 County

B30 Postcode

B31 Lived at this address from / / to

B32 Address

B33 Town/City

B34 County

B35 Postcode

B36 Lived at this address from / / to

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PART C Declaration by Applicant

C1 Declaration by Applicant

Information you have supplied on this Form, and any other additional information you have supplied to support this application, may be passed to other government organisations and law enforcement agencies.

I declare that, to the best of my knowledge and belief, all of the information 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 AccessNI to verify the particulars given and also to inform AccessNI immediately of any alteration 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 any level of Disclosure. The work of AccessNI includes checking that all the information given is genuine.

By signing below you are agreeing to the above conditions of application.

Signature of Applicant _____

Name (in CAPITALS) _____

Date / /

Next Step

For Basic Disclosures

Unless you have been otherwise advised, you must take this Form to a PSNI station along with appropriate identification. (Please see the "Proving your identity" section of this Form). Once your identity has been confirmed, forward this Form, along with the correct payment (see Part F), to AccessNI.

Standard and Enhanced Disclosures

You must return this Form to the person who asked you to complete it.

- If you are paying for this Disclosure, please complete Part F of this Form.
- If the person who asked you to complete this Form is paying on your behalf, you should return the Form to them leaving Part F blank.

PART D Basic check information — to be completed by the PSNI (unless advised otherwise)

D1 When individuals are seeking checks on themselves they must have their identity evidenced and verified at a PSNI station (unless they have been advised otherwise). If this is not possible, please contact AccessNI for advice.

Please see the "Proving your identity" section of this Form for acceptable means of identification.

Evidence seen and checked by PSNI

PSNI Officer's name _____

PSNI Officer's number _____

PSNI Station Stamp Stamp

Date / /

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PART E Standard and Enhanced Checks only — to be completed by the Registered Body

Details of the position for which the certificate is being requested

E1 Position applied for

E2 Organisation Name

E3 Will the work be carried out at the home address of the Applicant Yes No

E4 As a Registered Person, do you confirm that the certificate is required for the purposes of an Exempted Question? Yes No

E5 As a Registered Person, do you confirm that the certificate is required for a Prescribed Purpose? Yes No

E6 Does this role qualify for a search of the Lists of Individuals Disqualified from Working with Children? Yes No

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

E8 Identity confirmed Yes

E9 Date / /

E10 Registered Body Name

E11 Registered Body Number

E8 Countersignatory Number

