



# APPLICATION FOR AN ENHANCED DISCLOSURE CHECK

## IDENTITY VERIFICATION FORM (For use from 2 July 2010)

PLEASE DO NOT STAPLE, STAMP OR FOLD THE APPLICATION FORM.

### Notes for Applicant:

- A quick guide and further information (including a training DVD) to assist in the completion of the attached Enhanced Disclosure Application Form is available from AccessNI website – [www.accessni.gov.uk](http://www.accessni.gov.uk)
- Please complete parts B, D, E, F and G of the application form in CAPITAL LETTERS using black ink.
- **If your address history exceeds the space available in part E of the form please contact Human Resources on 028 9056 4023 to request an ‘address continuation sheet’ (which can also be downloaded from the AccessNI website).**
- Following completion of the form please make arrangements with the principal / manager to verify your identity. You must provide original copies of three documents in your name to have your identity verified; **one from Group 1 and two from Group 2 (see page 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.

### Notes for Principal / Line Manager:

- Please complete the declaration in Part 2 of this form to confirm that you have verified the identity of the applicant having checked original copies of valid identification documents in accordance with the requirements noted in page 2.
- You should return the identification documents to the applicant once you have completed part 2 below and forward the completed form to human resources to be signed by a registered person.
- Further guidance is available from DE Circular 2008/03 [www.deni.gov.uk](http://www.deni.gov.uk) and the AccessNI website.

### Part 1- Details of Applicant

Name: _____ Position: _____
School / Location: _____

### Part 2 – Declaration

I attach a completed AccessNI Enhanced Disclosure Application Form for the above named person and I confirm that I have verified their identity by inspecting original copies of the documents listed below (in accordance with requirements outlined above in notes provided in page 2);

Details of ID checked and reference numbers:

- (i) \_\_\_\_\_
- (ii) \_\_\_\_\_
- (iii) \_\_\_\_\_

Signed: \_\_\_\_\_ (Principal/Line Manager) Date: \_\_\_\_\_

School / Location: \_\_\_\_\_

**Please return completed form to Human Resources,  
Belfast Education & Library Board, 40 Academy Street, Belfast, BT1 2NQ**

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## IDENTITY VERIFICATION FORM (For use from 2 July 2010)

GROUP 1 (One document required)		GROUP 2 (Two documents required)	
<input type="checkbox"/>	Valid Passport	<input type="checkbox"/>	Marriage certificate/ Civil Partnership Certificate
<input type="checkbox"/>	UK Driving Licence Full or Provisional – England/Wales/Scotland/Northern Ireland/Isle of Man; either photocard or paper a photocard or paper (a Photocard is only valid if accompanied with the paper counterpart)	<input type="checkbox"/>	Non-original UK birth certificate (issued after 12 months of date of birth, full or short form acceptable)
<input type="checkbox"/>	Original UK birth certificate (issued within 12 months of date of birth, full or short form acceptable)	<input type="checkbox"/>	P45/P60 statement
<input type="checkbox"/>	Valid photo identity card (EU countries only)	<input type="checkbox"/>	Utility bill (electricity, gas, water, telephone – including mobile phone contract/bill)
<input type="checkbox"/>	UK Firearms licence	<input type="checkbox"/>	Valid TV licence
<input type="checkbox"/>	HM Forces ID card (UK)	<input type="checkbox"/>	Credit card statement
<input type="checkbox"/>	Adoption Certificate (UK)	<input type="checkbox"/>	Store card statement
<p>* documentation must be less than 3 months old</p> <p>** documentation must be issued within the last 12 months</p>		<input type="checkbox"/>	Mortgage Statement
		<input type="checkbox"/>	Valid insurance certificate
		<input type="checkbox"/>	Certificate of British nationality
		<input type="checkbox"/>	British work permit/visa **
		<input type="checkbox"/>	Asylum Registration Card
		<input type="checkbox"/>	AccessNI Disclosure Certificate
		<input type="checkbox"/>	Personal correspondence or a document from a Government Department *
		<input type="checkbox"/>	Bank or Building Society Document **
		<input type="checkbox"/>	Financial statement e.g. pension, endowment, ISA **
		<input type="checkbox"/>	Valid vehicle registration document
		<input type="checkbox"/>	Mail order catalogue statement*
		<input type="checkbox"/>	Court summons
		<input type="checkbox"/>	Valid NHS card
		<input type="checkbox"/>	Court Claim Form
		<input type="checkbox"/>	Addressed payslip*
		<input type="checkbox"/>	National insurance number card
<input type="checkbox"/>	Examination certificate (e.g. GCSE, NVQ)		
<input type="checkbox"/>	Letter from a Head Teacher*		
<input type="checkbox"/>	Child Benefit book		
<input type="checkbox"/>	Smartpass		

**Note:** Applicants must provide original copies of three documents in their name to have their identity verified; **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.

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## PART B Applicant's details

B1 Title Mr  Mrs  Miss  Ms  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? No  Yes  *If 'Yes', please complete F1, if 'No' go to B7*

B7 Any other forename(s) used? No  Yes  *If 'Yes', please complete F5, if 'No' go to B8*

B8 Gender Male  Female

B9 Date of birth

B10 Place of birth - Town   
 Country

B11 National insurance number

B12 Driving licence number

B13 Do you hold a valid passport? No  *If No, go to B17.* Yes  *If Yes, complete B14, B15 and B16.*

B14 Passport number

B15 Nationality

B16 Country of issue

B17 Do you have an ISA registration number? No  *If No, go to B19.* Yes  *If Yes, complete B18.*

B18 ISA registration number

B19 Do you have a Scottish Vetting & Barring number? No  *If No, go to B21.* Yes  *If Yes, complete B20.*

B20 Scottish Vetting & Barring number

B21 Preferred contact number

## PART C Application for Registration with ISA

C1 Are you applying for registration with ISA? No  *If No, go to Part D.* Yes  *If Yes, complete C2 - C5.*

C2 Do you intend to work, paid or unpaid, with *(Cross all that apply)* Children  Vulnerable Adults

C3 Do you intend to work, paid or unpaid, in controlled activity with *(Cross all that apply)* Children  Vulnerable Adults

C4 Are you applying as a free of charge volunteer? No  Yes   
*By placing X in the Yes box at C4 I understand that I may be liable for payment at a later date should my employment status change.*

C5 Security information - name of first school

*For security reasons you may be asked to provide this, together with other personal information, when contacting AccessNI or ISA.*

## PART D Applicant's current and delivery address

Please give details of your current address. This is the address to which all correspondence will normally be sent.

D1 Current address

D2 Town / City

D3 County

D4 Country

D5 Postcode

D6 Lived at this address since /

Please give details of a preferred Delivery Address (if different from above).

D7 Delivery address

D8 Town / City

D9 County

D10 Country

D11 Postcode

## PART E Address history

If you have lived at the address at D1-D4 for less than 5 years please provide details of all your previous address(es) and dates of residence for the last 5 years. There must be no gaps in the dates; overlapping dates are acceptable. Please start with the most recent address and work backwards.

If necessary, please use the approved Address Continuation Sheet – this is downloadable at [www.accessni.gov.uk](http://www.accessni.gov.uk).

E1 Address

E2 Town / City

E3 County

E4 Country

E5 Postcode

E6 Lived at this address from / to /

E7 Address

E8 Town / City

E9 County

E10 Country

E11 Postcode

E12 Lived at this address from / to /

## PART F Names history

*This Section should only be completed if you have answered Yes to questions B6 or B7. You must provide details of your previous name(s), along with dates these names were used. There must be no gaps in the dates; overlapping dates are acceptable. Please use an additional page if necessary, clearly writing your current name at the top of the page.*

F1	Previous surname	<input type="text"/>						
F2	date used from	<input type="text"/> /	<input type="text"/> /	<input type="text"/>	to	<input type="text"/> /	<input type="text"/> /	<input type="text"/>
F3	Previous surname	<input type="text"/>						
F4	date used from	<input type="text"/> /	<input type="text"/> /	<input type="text"/>	to	<input type="text"/> /	<input type="text"/> /	<input type="text"/>
F5	Previous forename	<input type="text"/>						
F6	date used from	<input type="text"/> /	<input type="text"/> /	<input type="text"/>	to	<input type="text"/> /	<input type="text"/> /	<input type="text"/>
F7	Previous forename	<input type="text"/>						
F8	date used from	<input type="text"/> /	<input type="text"/> /	<input type="text"/>	to	<input type="text"/> /	<input type="text"/> /	<input type="text"/>

**Once you have completed Part F, please return to B8 to continue with this Form.**

## PART G Declaration by Applicant

By signing the applicant declaration box I confirm that the information that I have provided in support of this application is complete and true and I understand that knowingly to make a false statement for this purpose may be a criminal offence.

G1 Do you have any convictions? No  Yes

G2 Signature of applicant (*please sign in box*)

G3 Date of signature

/

G4 Name (in CAPITALS)

**Information you have supplied on this form, and any other additional information you have supplied in support of this application, may be passed to other Government organisations and law enforcement agencies.**




**You must now return this form to the person who asked you to complete it**

For AccessNI use only

## PART H Registered Body information

- H1 Is the applicant applying for an AccessNI disclosure? No  *If No, go to H7.* Yes  *If Yes, continue from H2.*
- H2 Position applied for
- H3 Organisation Name
- H4 Will the work be carried out at the home of the applicant? No  Yes
- H5 Is the disclosure required for the purposes of asking an exempted question? No  Yes
- H6 Is the disclosure required for a prescribed purpose? No  Yes
- H7 Are you entitled to know if the applicant is registered to work with children? No  Yes
- H8 Are you entitled to know whether the applicant is registered to work with vulnerable adults? No  Yes
- H9 Have you established the true identity of the applicant by examining a range of documents as set out in AccessNI Guidance, and verified the information provided in Parts B, C, D, E & F? No  Yes
- H10 Application type: New post holder  Existing post holder  Re-check of existing post holder
- H11 Your reference Number

## PART I Payment

- I1 Method of Payment Account  Card  Cheque  Postal Order  No Payment (Volunteer)
- I2 If paying by cheque, please complete the cheque number.
- If paying by card, complete the card details below:   
- I3 Card number
- I4 Start date /  End date /
- I5 Issue number  (Maestro only)
- I6 Card security code
- I7 Name on card
- I8 Signature on card
- I9 Date of signature

## PART J Declaration

**I confirm that the requisite documentation and information has been supplied and checked in accordance with AccessNI Guidance. I declare that the information I have provided in support of the application is complete and true and understand that knowingly to make false statement for this purpose may be a criminal offence.**

- J1 Signature of registered person (*please sign in box*)
- J2 Date of signature
- J3 Name in CAPITALS