

Application form - Standard/Enhanced Disclosure

About this form

This form can be used to apply for an AccessNI Standard or Enhanced disclosure and Enhanced disclosure with Barred List Check. You have chosen to apply for your Disclosure Certificate on a paper application. You should note that, because you have not used the AccessNI e-applications process, it will not be possible to track or obtain updates on the progress of your case.

All fields marked with *must be completed or the form will be rejected.

If you require help completing this form you can call our helpline on 0300 200 7888 or speak to the person who asked you to complete the form or alternatively visit our website at: www.nidirect.gov.uk/accessni where you will find guidance.

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. Applicant must complete Parts B, C, D. Parts A, E, F and G should only be completed by the Counter Signatory of an AccessNI approved Registered Body organisation.

Completed forms should be posted to:

AccessNI PO Box 1085 Belfast BT5 9BD

PLEASE WRITE CLEARLY IN THE BOXES PROVIDED (Continuation sheets are available from: www.nidirect.gov.uk/accessni).

PART A *Service requ	ired - to be completed by (prospective) employer	
Standard (£26) En	nanced (£33) Enhanced with Barred List check (£33)	
*Registered Body name		
*Registered Body number		
*Counter Signatory number		
For AccessNI use only		

PART B Applicant's o	etails
*Title Mr	Mrs Miss Other
If 'Other' please give details	
*Surname/last name	
*Forename(s)/first name(s)	
Name usually known by	
*Date of birth	/ / / *Gender Male Female
Previous surname/ last name	
Date used from	to/
Previous forename/ first name	
Date used from	to/
If necessary, please use the a www.nidirect.gov.uk/accessni *Place of birth - town/city	approved Name continuation sheet to provide further details - this is downloadable at .
*Country	
*National Insurance number	
If none, are you under 16?	Yes No
If none, are you a non-UK	Yes No
national?	
*Do you hold a valid driving licence?	Yes No
Driving licence number	
*Do you hold a valid passport	Yes No
Passport number	
Country of issue	
*Nationality	
Contact number	
Contact email address	

PART C Applicant's current address

Please give details of your cu	urren	t add	ress	. Thi	is is	the	e ac	ddre	ss to	o wh	iich	all d	corre	spo	nder	nce v	will r	norm	nally	be s	sent.
*Current address																					
*Town/city																					
*County						L															
*Country						ı															
Postcode																					
*Lived at this address since		,	/		/																
*Applicant's address his If you have lived at the address(es) and dates of reare acceptable. Please start approved Address continuate	ress eside t with	abovence for the	or th	e la st re	st 5 cen	5 ye nt ad	ars ddre	. The	ere i and	mus wor	t be k ba	no ickw	gaps ards	s in t	the d	date essai	s; ov ry, p	verla	ppir		
*Address						L															
*Town/city																					
*County																					
*Country						L															
Postcode																					
*Lived at this address from			/		/								to		/	/		/			
*Address				- 1																	
*Town/city																				ı	
*County							L														
*Country																					
Postcode																					
*Lived at this address from			/		/								to		/	/		/			
PART C (continued) A	Appli	ican	t's	del	live	ery	ac	ldre	ess												
Please give details of preferre	ed de	elivery	/ add	dres	s (it	f dif	fere	ent 1	from	cur	rent	ado	dres	s)							
*Address																					
*Town/city																					
*County																					
*Country																					
Postcode																					Page 3

PART D Declaration by applicant

I understand the following:

- By signing the applicant declaration box I confirm that the information that I have provided in support of this application is complete and true. I will supply AccessNI with any additional information required to verify the information provided in this application. I understand that knowingly to make a false statement in this application is a criminal offence.
- AccessNI may use the information I have supplied on this form to verify my identity and to check this application.
- AccessNI may use the information I have supplied on this form for the purposes of the prevention or detection of crime in accordance with section 29 of the Data Protection Act 1998.
- AccessNI may pass the information I have supplied on this form, and any other information I have supplied in support of this application to other Government Organisations and law enforcement agencies in accordance with section 29 of the Data Protection Act 1998.

*Signature of applicant	(pleas	e sign	in bo	ox)						7	*Dat	e of	sign	natu	re		
												/	/		/		
*Name (in CAPITALS)			1 1	1	1	1	1	1	ı	1	1	1		1	1	 1	ı

Data Protection

Information on this form will be treated in confidence. AccessNI is registered with the Information Commissioner. Data supplied by you on this form will be processed in accordance with the provisions of the Data Protection Act 1998.

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

PART E Registered Body

This section should only be c	completed by the Col	unter Signa	itory of a	n acce	SSIVI	approv	/eu	Regist	erec	і БО	ay or	gan
*Position applied for					ı						ı	
*Organisation name												
*Will the work be carried out	at the home of the	applicant?						Yes	5		No	
*Is the disclosure required fo	or the purposes of as	sking an ex	empted o	questio	n?			Yes	5		No	
*Is the disclosure required fo	or a prescribed purpo	se?						Yes	5		No	
*Does this person require a	check of the Children	n's Barred	list (Regu	ılated /	Activit	y)?		Yes	3		No	
*Does this person require a ((Regulated Activity)?	check of the Vulnera	ble Adults'	Barred L	ist				Yes	6		No	
*Have you established the trange of documents as set of information provided? Preferred reference (complet displayed on the certificate).	out in AccessNI guid	lance, and	verified t	_				Yes			No	
PART F Payment												
*Method of payment		Account		No	paym	ent (v	olun	teer)				
A purchase order number will invoice should you supply on more than 13 digits.		ı										
PART G Registered B	ody declaration											
I confirm that the requisite de AccessNI guidance. Where the been sought, I have made the of the application is complete may be a criminal offence. *Signature of Registered Person	he position is eligible ne applicant aware of te and true and unde	e for an enh f this. I dec erstand that	nanced c lare that	heck a the int	nd, w forma nake 1	here a	have tate	rred lis e prov ment	st ch ided	eck in s	has suppo	ort
*Name (in CAPITALS)												