



DIOCESE OF WORCESTER

PRIVATE & CONFIDENTIAL

For applicants registered with the DBS Online Update Service



DIOCESE OF WORCESTER

ONLINE UPDATE SERVICE FORM Disclosure of Criminal Records

This form is to be completed by a person *authorised by the Bishop* to verify identity (e.g. the parish safeguarding representative or a counter-signatory)

APPLICANT'S CONSENT (signature)	
FULL NAME OF APPLICANT	
APPLICANT UPDATE SERVICE ID No.	
DATE OF BIRTH	
ADDRESS	
POSTCODE	
TELEPHONE	
POST/ROLE to be filled	
See over for eligibility checklist	
WORKFORCE APPLIED FOR	
APPOINTING BODY e.g. name of PCC (not a DCC)	

ID DOCUMENTS SEEN (originals)	Please tick	Date on document	Details e.g. company name
UK Driving licence - both parts			
Passport			
UK Birth certificate			
Marriage/civil partnership certificate			
P45/P60			
Utility bill			
Financial / bank statement			
Other document			

- I have met the named applicant who has consented to a DBS check and use of the DBS Update Service, is aware that the resulting Disclosure could reveal information from police and other records and that this could affect the outcome of their appointment.
- I certify that I have completed the checklist over and that this application is required for the purpose of asking an exempted question under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975; or for a prescribed purpose as defined in the Police Act 1997 (Criminal Records) Regulations 2002 and that the checks requested are in accordance with relevant legislation.
- I have seen the applicant's documentation as above to validate their identity and checked their DBS certificate dated
- I have used the DBS online update service and confirm that I have verified that "***this certificate did not reveal any information and remains current as no further information has been identified since its issue***". (Any other outcome please contact DBS Administrator for advice)
- I confirm that the information I have provided in support of this application is complete and true.

SIGNATURE	DATE
NAME OF VERIFIER (BLOCK CAPITALS)	
Contact Number:	E-mail: