



Access NI
PO Box 1085
Belfast BT5 9BD

QUICK GUIDE FOR COMPLETING: ENHANCED DISCLOSURE APPLICATION FORM

Please complete this Application Form in CAPITAL LETTERS, using black ink. Applicants must complete Parts B, D, E, F and G and return the Form to the Registered Body for completion of Part A, H, I and J.

Text in **RED** indicates fields that are mandatory on the Form - failure to complete the relevant information will result in the Form being returned unprocessed.

PART A – TYPE OF APPLICATION

Indicate the type of Disclosure being requested by marking 'X' in the appropriate box. If you are unsure speak to your Registered Body who will advise you.

- A1** Please indicate which disclosure you are requesting, X one box only
- A2** Enter Registered Body Name
- A3** Enter 10 digit Registered Body Number
- A4** Enter 10 digit Countersignatory Number (this should not be completed until after the Applicant has completed their details onto the Form)

PART B – PERSONAL DETAILS

- B1** **Title** - mark 'X' clearly in the appropriate box. Examples of 'other' may be 'Reverend', 'Sister' etc.
- B2** **Surname** - enter your current Surname or last name. This will be the name that appears on your Disclosure Certificate.
- B3** **Forename(s)** - please write your full first name not just initials. Include all your forenames if you have more than one.
- B4** **Name usually known by** - use this section to include abbreviations, nicknames, etc by which you are more commonly known.
- B5** **Surname at birth (if different)** - if your surname at birth was different from your current surname please provide details and the date during which the names were used. This would only be applicable where your surname is different from your current surname i.e. changed by marriage, deed poll, etc.
- B6** **Any other surname(s) used?** - one of the boxes must be completed. This applies to all other previously used surnames you have used during your lifetime e.g. previous marriages, previous deed poll changes. Please also supply dates of changes. **If yes, complete E1- E4**, if no, go to B7.
- B7** **Any other forename(s) used?** - one of the boxes must be completed. This applies to all previous forenames you have used during your lifetime and the dates when these names were used. **If yes, complete E5 - E8**.
- B8** **Gender** - mark on the appropriate box. If you are transgender and do not wish your employer to know of your previous gender, please contact AccessNI for advice.

- B9 Date of Birth** - enter the day, month and year you were born in the format DD/MM/YYYY - e.g. 04/03/1960.
- B10 Place of Birth** - enter the name of the **town** and the **country** where you were born.
- B11 National Insurance Number** - enter in spaces provided. This can normally be found on your payslip or any personalised Customs and Revenue Documents.
- B12 Driving Licence Number** - enter the full Driving Licence number as found on your UK driving licence (point 5 on your driving licence refers).
- B13 Do you hold a valid passport?** - if no, go to B17, if yes, **you must complete B14, B15 and B16.**
- B14 Passport number** - enter passport number. The passport should be valid.
- B15 Nationality** - enter your nationality as indicated on your passport.
- B16 Country of issue** - enter the country your passport was issued in.
- B17 Do you have an ISA registration number** - **Do not complete.**
- B18 ISA Registration number**- **Do not complete.**
- B19 Do you have a Scottish Vetting & Barring number** - **Do not complete.**
- B20 Scottish Vetting and Barring Number** - **Do not complete.**
- B21 Preferred contact number** - enter the number you would prefer AccessNI to contact you on if necessary.

PART D - APPLICANTS CURRENT AND DELIVERY ADDRESS

- D1-D6 Current Address** - please note that this will be the delivery address of the Disclosure Certificate. It should be your home address or, where this is not possible, Halls of Residence or temporary lodgings. Also include the date from which you have been a resident at this address. Each section **must** be completed. It is essential you supply a date at D6. If the date is within the last 5 years you must complete additional addresses to cover the full 5 years in Part E.
- Please give full address details, including postcode and dates of residence. If you do not provide a full 5 year address history your Form will be returned unprocessed.
- D7 – D11 Delivery Address** (if different) - this is the address to which you would prefer AccessNI to forward the Disclosure Certificate to. If it is the same as your current please leave blank.

PART E - ADDRESS HISTORY

- E1-E12 Previous Address(es)** - if you have lived at your current address for less than 5 years you will need to provide your continuous address history for the last 5 years. You should include addresses outside the UK where appropriate. There **must** be no gaps in the dates provided; overlapping dates are acceptable. Please give full address details, including postcode.
- If your address history does not fit in the spaces provided you should use the approved Address Continuation Sheet which can be downloaded at <http://www.dojni.gov.uk/index/accessni/application-forms/addresscontinuationsheet.pdf>.

PART F - NAMES HISTORY

Only applies if you have any previous surnames or forenames not recorded in Part B6 and B7. This should be completed **if you have answered yes to B6 or B7**. There must be no gaps in the dates; overlapping dates are acceptable.

F1-F4 - Insert any additional surnames used, and dates.

F5-F8 - Insert any additional forenames used, and dates.

If necessary, please use an additional page, clearly writing your current name and date of birth at the top of the page.

PART G – DECLARATION BY APPLICANT

Please read this section carefully as it is where you declare that all the information provided is correct and up to date and where you are informed that AccessNI will use the information supplied to verify your identity against information held on Police and Government data bases. If necessary information provided may be used to update or perfect records already held within such data bases. In addition AccessNI may pass the information provided on this form to Police, Government Organisations and law enforcement agencies for the purposes of the protection and detection of crime.

All Sharing of information will be in accordance with section 29 of the Data Protection Act 1998 and AccessNI's Information Charter (see guidance on website for this http://www.dojni.gov.uk/index/accessni/about-ani/accessni_information_charter_-_sept_2012.pdf).

- G1** Do you have any convictions - have you ever been convicted in a court of law. Place a cross in the relevant box.
- G2** Signature of Applicant - place your signature ensuring it stays within the box provided.
- G3** Date of Signature.
- G4** Insert your name in CAPITALS.

PART H – REGISTERED BODY INFORMATION

- H1** Is the applicant applying for an AccessNI disclosure - must be Yes.
- H2** Position applied for - please ensure the position applied contains clear evidence for the request. It must be obvious the position qualifies for an enhanced disclosure.
- H3** Organisation name - the description you enter here will be recorded on the certificate
- H4** Will the work be carried out at the home of the applicant? - if Yes, this will determine whether further checks on others in the household are required. One box must be X..
- H5** Is the disclosure required for the purpose of asking an exempted question? - Enhanced Disclosures can only be provided if the position applied for H2 is exempt from the provisions of set out in the Rehabilitation of Offenders (Northern Ireland) Order 1978 - it is the responsibility of the Counter Signatory to ensure this is the case. If No, is marked with X then the form will be returned unprocessed.
- H6** Is the disclosure required for a prescribed purpose - this must be X Yes. If you are unsure a list of prescribed purposes can be viewed on our website.
- H7** Does this position require a check of the Children's Barred List (Regulated Activity) - Insert X at No unless applying for Enhanced with Barred List Check at A1. Insert X at Yes if appropriate.
- H8** Does this position require a check of the Vulnerable Adults' Barred List (Regulated Activity) Insert X at No unless applying for Enhanced with Barred List Check at A1. Insert X at Yes if appropriate
- 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, D, E & F. This box must be X Yes or the form will be returned.
- H10** Application Type - please indicate if the post is for an New Post Holder, Existing Post Holder, Re Check of existing post holder.
- H11** Your reference number. If you require a number which you would like to appear on the certificate please enter it here i.e. an internal recruitment code. **Do not use Countersignatory number.**

H7 & H8 - IF APPLYING FOR ENHANCED WITH BARRED LIST CHECK AT A1 AT LEAST ONE OF THESE BOXES MUST BE YES.

PART I – PAYMENT

I1 Please X the appropriate box.

Account

Invoices will issue at the beginning of each month and will include charges for Disclosure Certificates issued during the previous month. Acceptable payment methods can be found on page 1 of the invoice.

No Payment (Volunteer)

Access NI will provide free disclosure services to volunteers who meet the AccessNI definition. Further details can be found on <http://www.dojni.gov.uk/index/accessni/who-uses-ani/volunteers.htm>.

PART J – DECLARATION

Please read the declaration and sign. This is the Registered Body statement that all documentation has been supplied and checked in accordance with AccessNI guidance.

- J1** Signature of Registered Person - this must be an original signature.
- J2** Date of signature - must always be within 3 months from the date received by AccessNI.
- J3** Name in CAPITALS