

Disclosure Application Form



Criminal Records Bureau

An Executive Agency of the Home Office

PO Box 110, Liverpool L69 3EF

STUDENT COMMUNITY ACTION
VOLUNTEERS IN CAMBRIDGE
10 PEMBROKE STREET
CAMBRIDGE
CAMBRIDGESHIRE
CB2 3QY

106768

Form Ref
F0037076265

Disclosure Type



Please complete sections A-H in **BLOCK CAPITALS**; it is important that you use **BLACK INK**.
The Disclosure Application Form Guidance Notes will help you complete this form,
however, if you need additional help please contact the application line on 0870 90 90 844

A Applicant's details

1	Title	Mr <input checked="" type="checkbox"/>	Mrs <input checked="" type="checkbox"/>	Miss <input checked="" type="checkbox"/>	Ms <input checked="" type="checkbox"/>	Other <input type="checkbox"/>
2	Surname					
3	Forename(s)	Write all your first names				
4	Current address					
5		Please write your CAMBRIDGE address here!				
6	Town/City					
7	County					
8/9	Postcode			At current address since	Date you started in Cambridge	
10/11	Date of birth	DDMMYYYY		Male <input checked="" type="checkbox"/>	Female <input checked="" type="checkbox"/>	Don't forget these boxes!
12	National Insurance number	(If you have one)				

Girls, please cross Miss or Mrs. Not writing Ms saves filling in an extra section!

B Details of position for which Disclosure is being requested

Fill in as follows:

13	Position applied for	SCIENCE EXPT DEMONSTRATOR
14	Organisation name	CAMBRIDGE HANDS-ON SCIENCE
	Organisation address	
15	Address	C/O CUSU, OLD EXAMINATION HALL
16		FREE SCHOOL LANE
17	Town/City	CAMBRIDGE
18	County	CAMBRIDGESHIRE
19	Postcode	CB2 3RF

C Additional personal details

20 Surname at birth (if different)

21 Used until (year)

22 Any other surname used

23/24 Used from used to

25 Any other forename(s) used

26/27 Used from used to (year)

Only complete this section if it is relevant

Place of Birth Please enter town/city names and county/district names in full as recorded on your Birth Certificate

28 Town/City

29 County/District

30/31 Born in the UK Yes No If no, please state country

32 Nationality

Complete this section (28 - 32)

33 Home telephone number

34 Work telephone number

35 Preferred contact number and time

NOT REQUIRED

D Previous addresses Provide your most recent addresses where you have lived the last 5 years, use continuation sheet if necessary

36 Address

37 Town/City

38 County

40/41 Postcode Country

42/45 Period at previous address From date To date

This is normally your HOME (non termtime address)

If you have moved in the last 5 years, please use a continuation sheet.

N.B. You must cover AT LEAST the last 5 years!

Please enter date you moved to Cambridge. This MUST be the same as the date on page 1. The dates MUST NOT overlap!

E Additional information This information will help us to process your application more quickly

46 Current marital status Single Married Divorced Widowed Separated Other

47 Number of financially dependent children under age 18

48/49 Bank/Building Society account Sort code Account number

50 Employment status Cross ONE box only Employed Self Employed Part-time Employed Student Other

51 Occupancy status Cross ONE box only Owner occupier Joint occupier Living with parent Renting Other

52 Mother's maiden name

NOT REQUIRED

F Referee details Please provide details of an appropriate referee who has known you professionally or personally for at least 2 years

53 Title Mr Mrs Miss Ms Other

54 Referee surname

55 Referee forename(s)

56 Referee occupation

57 Home address

58

59 Town/City **NOT REQUIRED**

60 County

61 Postcode

62 Home telephone number

63 Relationship to applicant Parent/Guardian Other

64 Number of years known

G Payment

65 **NOT REQUIRED**

H Applicant declaration and consent

After you have checked the information provided in Sections A-G, please complete Section H and sign the application form in the space(s) provided.

66 Do you have any unspent criminal convictions? Yes No Providing a false answer is a criminal offence and will be prevent you working for CHaOS

67 Please cross this box if you have supplied additional information with this application Please cross this box (we add information to your application)

68 Declaration by Applicant
I confirm that the information that I have provided in support of this application is complete and true and understand that knowingly to make a false statement for this purpose is a criminal offence.

Signature of applicant (please sign in the box provided)

Sign once here

69 Consent of Applicant
I consent to the CRB checking the details I have provided in support of this application against the data sources specified in the notes for guidance, in order to verify my identity and process this application. These details may be recorded and used to assist other organisations for identity verification purposes.

Signature of applicant to indicate consent (please sign in the box provided)

Sign again here

70 Don't forget to date it!

After you have signed the form please send it to the person who asked you to apply for a Disclosure - DO NOT return the form to the CRB at this stage.

SECTIONS X-Z MUST NOT BE COMPLETED BY APPLICANT

X	Evidence of identity seen by the employer/volunteering organisation/Registered Body		<i>(Please refer to the Code of Practice and your guidance notes)</i>	
1/2	Passport number	<input type="text"/>	Date of birth	<input type="text"/>
3/4	Nationality	<input type="text"/>	Issue date	<input type="text"/>
5/6	Driving licence number	<input type="text"/>	Date of birth	<input type="text"/>
7/8	Licence type	Paper <input checked="" type="checkbox"/> Photocard <input type="checkbox"/>	Licence valid from	<input type="text"/>
9	Country of issue	UK <input checked="" type="checkbox"/> Other <input type="text"/>		
10/11	Birth Certificate Date of Birth	<input type="text"/>	Issue date	<input type="text"/>
12	Country of Issue	UK <input checked="" type="checkbox"/> Other <input type="text"/>		
13/14	Marriage Certificate Issue date	<input type="text"/>	P45 or P60 National insurance number	<input type="text"/>
15	Current address details checked against documentation	Yes <input checked="" type="checkbox"/>		
16	Evidence seen and checked by	Name <input type="text"/>		
Y	Statement by Registered Person		<i>(Please refer to the Code of Practice and your guidance notes)</i>	
1/2	Registered Body number	21536300008	Countersignatory number	<input type="text"/>
3/4	The position involves working with children	<input checked="" type="checkbox"/>	The position involves regular contact with vulnerable adults	<input checked="" type="checkbox"/>
5	The category code for this position is	<input type="text"/>		
6/7	The level of criminal record check required in respect of this application is	Standard <input checked="" type="checkbox"/>	Enhanced	<input checked="" type="checkbox"/>
8	Registered Body to pay	On account <input checked="" type="checkbox"/> Payment enclosed <input checked="" type="checkbox"/>	Volunteer-no payment due	<input checked="" type="checkbox"/>
9	Declaration by Registered Person I certify that this application is for the purpose of asking an exempted question under the terms of The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and is made in accordance with all relevant legislation. I confirm that the requisite documentation and information has been supplied and checked in accordance with CRB guidance. I declare that the information I have provided in support of the application is complete and true and understand that to knowingly make a false statement for this purpose is a criminal offence.		Signature of Registered Person (please sign in the box provided)	
10	Date of countersignature	<input type="text"/>		
Z	Official use only			
1	Correct payment received	Cheque <input checked="" type="checkbox"/> Postal order <input checked="" type="checkbox"/>		
2		Examined by:	<input type="text"/>	

DO NOT WRITE ON THIS PAGE!