DBS Consent Form for Release of Information

**To be completed by the applicant/individual and scheme**

This form must be signed by the applicant/individual before commencing the barred list checks.

Applicant Details

Name of applicant: ………………………………………………………..

Date of birth of applicant: ………………………………………………………..

Position applied for: ………………………………………………………..

Level of Disclosure: Standard 🞏 Enhanced 🞏

(please tick as appropriate) Vulnerable Adult Barred list 🞏

 Child Barred list 🞏

Date of issue of certificate: ………………………………………………………..

Unique Reference Number of Certificate of applicant: ……………………………………….

Name of registered body: ………………………………………………………..

Name of Countersignatory: ………………………………………………………..

Declaration by applicant

I hereby give my consent for ……………………………………………. to complete a check on the update service with the DBS and to check the barred lists on my Disclosure form at any time it is appropriate to do so within reason. I will be notified by the scheme in writing, which I will sign, of any checks to be made beforehand.

Name: …………………………………………………………

Signature of applicant: …………………………………………………………

Date of consent of applicant: …………………………………………………………

Legal Declaration of scheme

**To be completed by the person responsible for recruitment in your scheme**

I confirm I have the authority of the individual to which this DBS certificate number relates to receive up-to-date information (within the meaning of section 116A of the Police Act 1997) in relation to their criminal record DBS Certificate for the purposes of asking an exempted question within the meaning of section 113A of the Police Act 1997; or in relation to their enhanced criminal record DBS Certificate for the purposes of asking an exempted question for a prescribed purpose within the meaning of section 113B of the Police Act 1997.

Name of checker: ………………………………………………………..

Position in scheme: ………………………………………………………..

Reason for Check: Recruitment/re-check/other (please circle)

Date check(s) take(n) place: ……………………………………………………….

Result: ……………………………………………………….