402

GUIDANCE FORM ONLY

Disclosure Application Form

CRB
Criminal Records Bureau

An Executive Agency of the Home Office

PO Box 110, Liverpool L3 6ZZ

CHURCHES AGENCY FOR SAFEGUARDING/METHODIST CHURCH
THE METHODIST CHURCH
METHODIST CHURCH HOUSE
LONDON
NW1 5JR

Send this form with CAS form and Documentary Evidence Form to CAS (NOT CRB)

IMPORTANT Insert 'Enhanced' or 'Standard'

Form Ref

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

COMPLETE IN FULL

1	Title	Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other
2	Surname	
3	Forename(s)	
4	Current address	
5		
6	Town/City	
7	County	
8/9	Postcode	At current address since MM/YYYY (month and year)
10/11	Date of birth	DD/MM/YYYY Male ☐ Female ☐
12	National Insurance number	

If you have a middle name this MUST be included in line 3

B Details of position for which Disclosure is being requested

13	Position applied for	
14	Organisation name	
	Organisation address	
15	Address	
16		
17	Town/City	
18	County	
19	Postcode	

Indicate role/title – making clear if children or vulnerable adults are involved

Enter the name of the local church or organisation where you will be working / volunteering

SECTIONS X-Z MUST NOT BE COMPLETED BY APPLICANT

Verifier ONLY to complete this section – as fully as possible

X Evidence of identity seen by the employer/volunteering organisation/Registered Body

(Please refer to the Code of Practice and your guidance notes)

1/2	Passport number	Date of birth DD/MM/YYYY
3/4	Nationality	Issue date DD/MM/YYYY
5/6	Driving licence number	Date of birth DD/MM/YYYY
7/8	Licence type Paper ☐ Photocard ☐	Licence valid from DD/MM/YYYY
9	Country of issue UK ☐ Other	
10/11	Birth Certificate Date of Birth DD/MM/YYYY	
12	Country of issue UK ☐ Other	
13/14	Marriage Certificate Issue date DD/MM/YYYY	
15	Current address details checked against documentation Yes ☐	
16	Evidence seen and checked by Name	

Country of issue

Cross if you have seen two group documents (other than those listed in Section X), which show the address

Y Statement by Registered Person

(Please refer to the Code of Practice and your guidance notes)

1/2	Registered Body number 2062560000 0	Countersignatory number
3/4	The position involves working with children ☐	The position involves regular contact with vulnerable adults
5	The category code for this position is	
6/7	The level of criminal record check required in respect of this application is	Standard ☐ Enhanced ☐
8	Registered Body to pay On account X	Payment enclosed ☐ Volunteer-no payment due ☐

CAS Office ONLY To complete this section

9 **Declaration by Registered Person**
I certify that this application is required for the purpose of asking an exempted question under the terms of The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and that the checks requested are in accordance with the relevant legislation, as specified in the guidance notes. 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 Registered Person (please sign in the box provided)

10 Date of countersignature DD/MM/YYYY

Z Official use only

1	Correct payment received Cheque ☐	Postal order ☐
2	Examined by:	