

HELPLINE – 03000 2000 40

INFO@DISCLOSURESCOTLAND.GSI.GOV.UK

AN APPLICANT'S GUIDE TO CHECKING & COMPLETING AN 'APPLICATION TO JOIN PVG SCHEME'

CONTENTS:

- INTRODUCTION
- DO'S AND DON'TS
- COMMON ERRORS
- APPLICATION FORM BREAKDOWN
- APPLICANT CHECKLIST

INTRODUCTION:

Note – only individuals who are new to the PVG scheme and not currently a member of the PVG Scheme should complete this application form. Please contact Disclosure Scotland if you would like to confirm whether or not you are a PVG Scheme Member.

Our Application Processing department are responsible for carrying out quality assurance checks on all application forms received. Unnecessary delays to processing applications are caused by **mandatory fields** being omitted from an application form or where completed fields have been endorsed incorrectly. Please note that all mandatory fields are highlighted in **yellow** on the application form. This guide has been created to help identify the most common errors and how to avoid these, it also includes a list of 'Do's' and 'Don'ts', a breakdown of what information each field should contain and an applicant checklist for you to refer to before submitting an application to Disclosure Scotland or to a registered person/employer.

DO'S AND DON'TS:

<u>DO</u>	<u>DON'T</u>
Make a note of the application form number (the 16 digit number printed under the barcode in the top right hand corner on the front of the form) for enquiry purposes. Note that this is not the same as the PVG Scheme membership number which will be printed on a disclosure record when it is issued.	Do not place any stamps or stickers on the form, (e.g. those featuring addresses).
Ensure all fields have been completed unless guidance notes suggest otherwise. Mandatory fields are highlighted in yellow and must be completed.	Do not write over the edges of the boxes.
Ensure all choices in the boxes are indicated by a cross [X], not a [✓].	Do not submit any scanned, downloaded or photocopied versions of an application form, we are unable to accept these and the application(s) will be rejected.
Ensure the application has been completed in black or blue ink and written clearly in BLOCK CAPITALS within the boxes provided.	Do not send any original documents to Disclosure Scotland, we only require photocopies of documents.
Ensure only one letter or number has been used for each box. The number of boxes given for each section indicates the maximum amount of letters/numbers that the system will accept.	
If you make a mistake please ensure it is corrected by either using correcting fluid sparingly, or by clearly scoring through the error and by writing the answer in the remaining space. If this is not possible, please start a new form.	

COMMON ERRORS:

The most common errors in relation to an Application to Join are listed below. Please look out for these before submitting an application to a registered person to countersign or to Disclosure Scotland. All mandatory fields must be endorsed however please pay particular attention to the fields below to ensure they have been completed correctly, this will avoid any unnecessary delays to the progress of an application.

- An application to join is for individuals who are not currently a member of the PVG Scheme. Please do not complete this form if you are already a member of the scheme. Once you become a PVG member you should complete an existing member application.
- **A1** – Level not selected/incorrect level selected/more than one level selected. Please note that Scheme Membership Statements & Scheme Membership Statements (Countersigned) do not contain vetting information but simply confirm an individual is/isn't barred. They are intended for use by individuals and personal employers. If you receive a Scheme Membership Statement because you have requested one in error, and you want a Scheme Record, you must submit another application and pay the appropriate fee.
- **A2** – Please ensure the correct workforce has been selected in relation to the position applied for. Disclosure Scotland are unable to add a workforce once an application has been received and any additions will require a new application form to be completed. You must only apply in relation to the type(s) of regulated work which you will be carrying out for your employer. Please clarify the workforce required with your employer if you are unsure.
- **B13** – Mother's family name is often omitted. Please enter your mother's surname at the time of her birth, ensuring no forename(s) have been included.
- **B23-B33** – Additional Information. If 'yes' has been marked for any of the questions in this section you must also provide the relevant information i.e document numbers and county of issue. If you have lost any of the documents or do not have access to them please ensure you include a covering letter to advise or this may be queried by Disclosure Scotland. Driving licence numbers often highlight that a middle name has not been provided on the application form or a date of birth anomaly, if applicable please ensure all names indicated on your driving licence have been declared on the application form.

PART B – PERSONAL DETAILS

B1

Mark an 'X' in the appropriate box.

Examples of 'Other' may be Doctor, Reverend, Lord etc.

B2,B3 & B4

Enter current surname and **all** forenames (this includes middle names that you wish to appear on your certificate). This will be the name that appears on your disclosure certificate.

Please write your full name and not just initials.

If you do not wish your middle name to appear on the certificate it should be entered at B7.

B5-B12

If you have answered B5 as 'yes' please confirm the details at B6-B11. Please note that these fields should only be completed where the information differs from above (B2/3), for example, marriage, adoption (where known) or change of name via deed poll. If you prefer not to have your middle name(s) appear on the certificate the name(s) should also be entered here for vetting purposes. Both the current forename and middle name(s) should be entered and not the middle name on its own.

Adopted - If you are adopted it is not necessary to provide your name at birth if your adoption was prior to the age of eight.

Transgender - If you are a transgender applicant and do not wish your employer to know of your previous gender please contact Disclosure Scotland's helpline or website for further guidance.

PART B		Personal Details (Read Note B)																		
Name(s)																				
B1	Title	Mr	<input checked="" type="checkbox"/>	Mrs	<input checked="" type="checkbox"/>	Ms	<input checked="" type="checkbox"/>	Miss	<input checked="" type="checkbox"/>	Other										
B2	Present Surname																			
B3	Present Forename(s)																			
B4																				
B5	Are you now, have you ever been, or were you at birth known by a different name? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> If 'Yes', enter details below.																			
B6	Surname																			
B7	Forename(s)																			
B8																				
B9	Surname																			
B10	Forename(s)																			
B11																				
B12	If you require more space use a separate piece of paper and cross (X) this box. <input checked="" type="checkbox"/>																			
B13	Mother's Maiden or Family Name																			

B13 - Mother's Maiden Surname or Family name should be entered here, please ensure no forename(s) have been supplied. This should be your mother's surname at the time of her birth.

PART B - PERSONAL DETAILS CONT'D

B14/15, B16, B17, B18

B14

Your date of birth should match any supporting documents provided and in the format of DD/MM/YYYY.

B15

An 'X' should be marked in the appropriate gender box.

B16

Town of birth should be supplied.

B17

Country of birth should be supplied.

B18

Nationality: e.g. British, Irish.

B19-B22

Relevant contact details should be provided in the case that Disclosure Scotland should contact you regarding your personal details. The email address provided should be personal to you as sensitive information may be sent to this address.

Birth Details																
B14/B15	Date of Birth	D	D	/	M	M	/	Y	Y	Y	Y	Gender	Male	<input checked="" type="checkbox"/>	Female	<input checked="" type="checkbox"/>
B16	Town of Birth															
B17	Country of Birth															
B18	Nationality															

Contact Details																
B19	Day Contact No.															
B20	Evening Contact No.															
B21	Email Address															
B22																

PART B CONT'D - ADDITIONAL INFORMATION

B31, B32 & B33

If 'yes' please ensure B32 and B33 are completed with ID Card number and country of issue.

B34

This relates to a National Entitlement Card issued by a Scottish Local Authority, the card number should be entered here with no further details.

B35

Electricity Supplier No. is not mandatory and there is no requirement to complete this.

B36 & B37

Enter an 'X' in the appropriate box. If you have answered 'yes' and are a current scheme member you should complete an existing member application form as the application to join is for new PVG scheme members only. If you were previously a member and have since left the scheme you should enter your previous PVG membership number here.

B38 & B39

If 'yes' please complete B39 with registration No.

ISA = Independent Safeguarding Authority.

Please note ISA have now merged with Disclosure Barring Service (DBS)

B31	Do you have a National Identity Card?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', enter details below.
B32	National Identity Card No.			
B33	Country of Issue			
B34	National Entitlement Card No.			
B35	Electricity Supplier No.			
B36	Are you now, or have you ever been a member of the PVG Scheme?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', enter details below.
B37	PVG Scheme ID			
B38	Are you now, or have you ever been registered with the ISA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', enter details below.
B39	ISA Registration No.			

PART B CONT'D - ADDITIONAL INFORMATION

B40-B82

The address history section should record your current home address and full five year address history. We require this to be in full chronological order.

Disclosure Scotland also require the resident from dates, please note that a full period is required up to and including the current month and year of completing the application form. For example if you have been resident at your current home address since 10/2011 and the current month is 03/2016 we would require an address history from at least 03/2011.

Please note the address entered at B40-B46 will be the address the applicant's copy of the certificate will be issued to and we will also hold this address on file until notified of any changes to your personal details.

If more space is required please mark an 'X' at B82 and continue the address history on a separate piece of paper in the same format given. Please ensure the application barcode has been endorsed on the separate piece of paper.

If you have been homeless for a period of time with no address to provide please enter no fixed abode, with the resident from dates for the period that you were of no fixed abode and include a covering letter to advise of the town or county in which they were during the stated period.

Current Address		This is the address which will be printed on the applicant's certificate, and to which the certificate will be sent.											
B40	Address (Number, Street)												
B41													
B42	Post Town												
B43	County												
B44/B45	Post Code					Resident From	M	M	/	Y	Y	Y	Y
B46	Country												
Address History		Please provide your address history in the last five years. (Most recent first, excluding current address.)											
B47	Address (Number, Street)												
B48													
B49	Post Town												
B50	County												
B51/B52	Post Code					Resident From	M	M	/	Y	Y	Y	Y
B53	Country												
B54	Address (Number, Street)												
B55													
B56	Post Town												
B57	County												
B58/B59	Post Code					Resident From	M	M	/	Y	Y	Y	Y
B60	Country												
B82	If you require more space use a separate piece of paper and cross (X) this box. <input type="checkbox"/>												

PART B CONT'D - ADDITIONAL INFORMATION

B83

Regulatory Body Details:

Regulatory Body Name	Regulatory Body Code
Care Commission	101
General Chiropractic Council	102
General Dental Council	103
General Medical Council	104
General Optical Council	105
General Osteopathic Council	106
General Teaching Council for Scotland	107
Health Professions Council	108
Nursing and Midwifery Council	109
Royal Pharmaceutical Society of Great Britain (now known as General Pharmaceutical Council)	110
Scottish Social Services Council	111

B83-B87

An 'X' should be marked in the appropriate box.
 If you are registered with any Regulatory Body listed above
 Disclosure Scotland should be notified.

Regulatory Body Details (see Guidance Notes)			
B83	Are you registered with any Regulatory Body listed in the guidance notes?	Yes <input type="checkbox"/>	No <input type="checkbox"/> If 'Yes', enter details below.
B84/B85	Regulatory Body Code	<input type="text"/>	Registration No. <input type="text"/>
B86/B87	Regulatory Body Code	<input type="text"/>	Registration No. <input type="text"/>

Please refer to above table for the format of B84/B86 .

PART C – DECLARATION (APPLICANT)

C1/C2

This records your signature and date, so please ensure the signature is kept within the box provided. If the signature has been omitted when this is received by Disclosure Scotland we will be unable to process the application and a new one will be required with a signature endorsed.

By signing the declaration on the form you are making certain statements:

- You are asking to join the PVG Scheme:
 - you can only join the Scheme if you are not barred from doing the type of regulated work to which the application relates. If you ask to join the Scheme when you are barred from doing that type of regulated work, then you will commit a criminal offence.
 - you can only apply to join the PVG Scheme for lawful purposes, usually that you are seeking to do the type(s) of regulated work to which the application relates.
- You are requesting that a disclosure record is issued to the persons specified in the application in relation to the type(s) of regulated work specified in your application.
 1. If you have asked for a Scheme Membership Statement, then by signing this form you are asking for this to be issued to you only
 2. If you have asked for a Scheme Record, then by signing this form you are asking for the Scheme Record to be issued to the organisation you wish to work for and, if applicable, to the General Teaching Council for Scotland or Scottish Social Services Council if you have given details of your registration with them in field B83. A copy of the Scheme Record will also be issued to you
 3. If you have asked for a Scheme Membership Statement (Countersigned), then by signing this form you are requesting the Scheme Membership Statement to be issued to the personal employer. A copy of the Scheme Membership Statement will also be issued to you.
- You understand that Disclosure Scotland will use the information you have given to verify your identity and check and process your application. Disclosure Scotland will use the information about you for the purposes of the Scheme, for the prevention or detection of crime and for other related purposes. Disclosure Scotland will continuously monitor and update the information it holds about you.
- You understand that Disclosure Scotland may pass the information it holds about you to other Government departments or organisations, the police and other law enforcement agencies for the purposes of the Scheme, of the prevention and detection of crime, of the apprehension and prosecution of offenders and for other related purposes.
- You are confirming that the information you have given is complete and correct .
- You are confirming that you understand that to knowingly make a false statement in this application is a criminal offence.

PART C		Declaration (Read Note C)	
I apply to join the Scheme under the Protection of Vulnerable Groups (Scotland) Act 2007 ("Scheme"). I request that a disclosure record be issued to the persons specified in this application in relation to the type(s) of regulated work specified. I understand the following:			
<ul style="list-style-type: none">• Disclosure Scotland will use the information I have given to verify my identity and to check and process my application. Disclosure Scotland will use this information and any other information relating to my Scheme membership for the purposes of the Scheme, for the prevention or detection of crime and for other related purposes. Disclosure Scotland will continuously monitor and update the information it holds about me.• Disclosure Scotland may pass the information it holds about me to other Government departments or organisations, the police and other law enforcement agencies for the purposes of the Scheme, of the prevention and detection of crime, of the apprehension and prosecution of offenders and for other related purposes.			
I declare that the information I have given is complete and correct. I understand that to knowingly make a false statement in this application is a criminal offence. I will give any additional information that may be required to verify the information given and will immediately notify any changes to this information.			
C1/C2	Applicant's Signature	PLEASE KEEP SIGNATURE WITHIN BOX	Signature Date DD / MM / YYYY

- You are agreeing to give any additional information that may be required to verify the information given and will immediately notify any changes to your information.

PART D – PAYMENT

D1
If you are paying for this application please complete section D. If you are not paying for it please leave section D blank and forward the form directly to the person who will be countersigning it (this is normally your employer).

D2
An 'X' should only be marked if this application is being paid for by a Registered Body.

PART D – PAYMENT CONT'D

D3
An 'X' should be marked in the appropriate box. Please ensure only one payment method has been selected, if more than one has been marked the application may be returned or delayed. All cheques and postal orders should be made payable to 'Disclosure Scotland'.

D4-D8/9
This section should be completed for card payments marked at D3 only. If any other payment method has been selected this section should be blank. Please be aware that due to security this section is redacted from our system therefore hand writing should be particularly clear to ensure the correct data is captured.

PART D		Payment (Read Note D)	
If you, as the Applicant, are paying for this application, complete PART D. If you are not paying for it, leave PART D blank and forward the form directly to the person who will be countersigning it.			
D1	Is this application in respect of a volunteer doing regulated work for a qualifying voluntary organisation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
D2	If this PVG Application is to be paid for by a Registered Body or Personal Employer, they should cross (X) this box and complete PART D.	<input checked="" type="checkbox"/>	
D3 Method of Payment			
Registered Body Invoice <input type="checkbox"/>		Cheque <input type="checkbox"/>	VISA <input type="checkbox"/> Master Card <input type="checkbox"/> Maestro <input type="checkbox"/>
Solo <input type="checkbox"/> VISA Electron <input type="checkbox"/>		VISA Debit/Delta <input type="checkbox"/>	Postal Order <input type="checkbox"/> Voucher <input type="checkbox"/>
Please make cheques payable to 'Disclosure Scotland'. We recommend the cheque is completed in blue or black ink.			
Credit/Debit Card Payments			
D4	Card Number	<input type="text"/>	This is the large number written across the middle of your card. Do not leave blank spaces.
D5/D6	Expiry Date	<input type="text"/> / <input type="text"/>	Issue Number <input type="text"/> (if applicable)
D7	Name of Cardholder	<input type="text"/>	
D8/D9	Cardholder's Signature	PLEASE KEEP SIGNATURE WITHIN BOX	Signature Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Voucher Payment			
D10	Voucher Number	<input type="text"/>	
COUNTERSIGNED APPLICATIONS - send completed application forms to the person who will be countersigning your application. NON-COUNTERSIGNED APPLICATIONS - send completed application forms to: Disclosure Scotland, PO BOX No. 250, GLASGOW G51 1YU.			
FOR DISCLOSURE SCOTLAND USE ONLY. DO NOT WRITE BELOW THIS LINE.			
Correct Payment	Amount	Sort Code	<input type="text"/>
Account Number	Cheque Number		<input type="text"/>
Other	<input type="text"/>		
Initials	<input type="text"/>		

D10

Voucher number should be recorded here if using voucher as
method of payment.
For Disclosure Scotland use only, please do not mark

PART E – REGISTERED BODY DETAILS

Please note this section should only be countersigned if you are applying for a Scheme Record.

If applicable this section should be completed by the person countersigning your application, this is normally your employer.

Please forward to the signatory for completion before submitting to Disclosure Scotland.

Registered Body: Countersignatory Details and Declaration

PART E Countersignature - To be completed by the Countersignatory (Read Note E)

Role Details

E1 Is the Applicant already undertaking regulated work in the position to which this application relates? Yes No

E2 Will the work be carried out at the home address of the Applicant? Yes No

E3 Organisation Name

E4

E5 Position Applied For

E6

Confirmation of Identity
The person countersigning must satisfy themselves as to the identity of the Applicant. A minimum of three forms of identity must be checked; if possible, one of them should be photographic. These should confirm the name, the date of birth and the current home address of the Applicant. Cross the appropriate boxes below to confirm what has been checked.

E7 Birth Certificate Passport Driving Licence (with photograph) Driving Licence (without photograph) National ID Card National Entitlement Card Other

If 'Other', please state the form of identification seen.

E8

E9

E10 Authentication Reference No.

Registered Body Details

E11 Registered Body Name

E12 Registered Body/ Sub Account Code (Code of account to be invoiced.)

E13 Countersignatory Name

E14 Countersignatory Code

Countersigning on Behalf of Another Organisation

E15 Are you countersigning this application on behalf of another organisation? Yes No If 'Yes', supply name of organisation below.

E16 Organisation Name

E17

PART F Countersignatory Declaration (Read Note F)

I declare that the disclosure record is requested for the purpose of enabling or assisting me (or any other person for whom I act) to consider the applicant's suitability to do, or to be offered or supplied for, the type(s) of regulated work specified in this application. I understand the following:

- Disclosure Scotland will use the information I have given to check and process this application. It will also use it for the purposes of the Scheme, for the prevention or detection of crime and for other related purposes.
- Disclosure Scotland may pass the information to other Government departments or organisations, the police and other law enforcement agencies for the purposes of the Scheme, of the prevention and detection of crime, of the apprehension and prosecution of offenders and for other related purposes.

I confirm that the information I have supplied is complete and correct. I understand that to knowingly make a false statement in this application is a criminal offence. I will give any additional information that may be required to verify the information given and will immediately notify any changes to this information.

E18 Signature Signature Date DD / MM / YYYY

The signature you supply here will be checked against the sample you supplied on the Registration application.

Please send completed application forms to: Disclosure Scotland, PO BOX No. 250, GLASGOW G51 1YU.

Personal Employer Details and Declaration

PART G To be completed by a Personal Employer (Read Note G)

Role Details

G1	Is the Applicant already undertaking regulated work in the position to which this application relates?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
G2	Will the work be carried out at the home address of the Applicant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
G3	Position Applied For		
G4			

Personal Employer Details

G5	Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Other					
G6	Surname										
G7	Forename(s)										
G8											
G9	Contact Phone No.										
G10	Email Address										
G11											

Personal Employer Address This is the address your copy of the certificate will be sent to.

G12	Address (Number, Street)						
G13							
G14	Post Town						
G15	County						
G16	Post Code						
G17	Country						

PART H Declaration (Read Note H)

I declare that the disclosure record is requested for the purpose of enabling or assisting me (or any other person for whom I act) to consider the applicant's suitability to do, or to be offered or supplied for, the type(s) of regulated work specified in this application. I understand the following:

- Disclosure Scotland will use the information I have given to check and process this application. It will also use it for the purposes of the Scheme, for the prevention or detection of crime and for other related purposes.
- Disclosure Scotland may pass the information to other Government departments or organisations, the police and other law enforcement agencies for the purposes of the Scheme, of the prevention and detection of crime, of the apprehension and prosecution of offenders and for other related purposes.

I confirm that the information I have supplied is complete and correct. I understand that to knowingly make a false statement in this application is a criminal offence. I will give any additional information that may be required to verify the information given and will immediately notify any changes to this information.

H1/H2	Signature	PLEASE KEEP SIGNATURE WITHIN BOX	Signature Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-------	-----------	----------------------------------	----------------	----------------------	---	----------------------	---	----------------------	----------------------	----------------------	----------------------

Please send completed application forms to: Disclosure Scotland, PO BOX No. 250, GLASGOW G51 1YU.

PART G – PERSONAL EMPLOYER DETAILS

This section should be completed for Scheme Membership Statements Countersigned only.

If applicable, please forward to your personal employer for completion.

APPLICANT'S CHECKLIST FOR AN APPLICATION TO JOIN

APPLICANT CHECKLIST	√
Have you confirmed that you are not already a member of the PVG scheme?	
Have you kept a note of the application barcode?	
Have all mandatory fields been completed (excluding employer/countersignatory details)?	
Have you signed and dated C1/2?	
If you are paying for the application – Have you selected one method of payment and if applicable attached physical payment e.g. cheque supplied?	