

## Existing PVG Scheme Member Application



Protecting  
Vulnerable Groups  
Scheme

CHECK TO PROTECT



FOR OFFICIAL USE ONLY

Sample

- \* PLEASE REFER TO THE ACCOMPANYING GUIDANCE NOTES AS YOU COMPLETE THE FORM.
- \* Please print in **CAPITAL** letters within the white boxes and do not make a mark on any other part of the form. We recommend you use **blue** or **black ink**.
- \* Applicants should complete PARTS A, B, and C on page 1 of the form which are coloured lilac. The Applicant may also have to complete PART D depending on whether or not they are paying for the application. Please check payment arrangements before completing PART D. PARTS E and F should be completed by the registered body (if any) and PARTS G and H should be completed by the personal employer (if any).
- \* **Mandatory fields are highlighted in yellow.** You must provide information in these fields or your application will be delayed.
- \* Please make a note of the Barcode Number at the top of the page to assist with any future query.

### PART A Type of Application (Read Note A)

<b>A1</b>	Cross (X) one box only.	Scheme Membership Statement	<input type="checkbox"/>	Scheme Record	<input type="checkbox"/>
		Scheme Record Update	<input type="checkbox"/>	Scheme Membership Statement (Countersigned)	<input type="checkbox"/>
<b>A2</b>	Cross (X) each box that applies.	This application relates to regulated work with:	Children <input type="checkbox"/>	Protected Adults	<input type="checkbox"/>
<b>A3</b>	Are you already a scheme member in relation to ALL types of regulated work selected in A2?		Yes <input type="checkbox"/>	No	<input type="checkbox"/>
<b>A4</b>	If you currently do not have an online account, do you wish to apply for one with Disclosure Scotland?		Yes <input type="checkbox"/>	No	<input type="checkbox"/>

If yes, provide/confirm your email address below in fields A5/A6.

<b>A5</b>	Email Address	<input type="text"/>
<b>A6</b>		<input type="text"/>

### PART B Personal Details (Read Note B)

#### Personal Details

<b>B1</b>	PVG Scheme ID	<input type="text"/>
<b>B2</b>	Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="text"/>
<b>B3</b>	Surname	<input type="text"/>
<b>B4</b>	Forename(s)	<input type="text"/>
<b>B5</b>		<input type="text"/>
<b>B6</b>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>B7</b>	Are there changes to your personal details that you have not already told us about? (See guidance)	Yes <input type="checkbox"/> No <input type="checkbox"/>

If 'Yes' please supply these on a separate piece of paper.

#### Regulatory Body Details (see Guidance Notes)

<b>B8</b>	Have you registered with a Regulatory Body listed in the guidance notes since your last PVG Application?	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', enter details below.
<b>B9/B10</b>	Regulatory Body Code	<input type="text"/> Registration No. <input type="text"/>
<b>B11/B12</b>	Regulatory Body Code	<input type="text"/> Registration No. <input type="text"/>

### PART C Declaration (Read Note C)

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:

- 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 SIGN SIGNATURE WITH INK

Signature Date  /  /



#### PART D Payment (Read Note D)

**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.

Sample





0620110006184814

# Registered Body: Countersignatory Details and Declaration

## PART E

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

#### Role Details

**E1** Will the work be carried out at the home address of the Applicant? Yes ☐ No ☐

**E2** Organisation Name

**E3**

**E4** Position Applied For

**E5**

#### 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.

**E6** 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.

**E7**

**E8**

**E9** Authentication Reference No.

#### Registered Body Details

**E10** Registered Body Name

**E11** Registered Body/ Sub Account Code (Code of account to be invoiced.)

**E12** Countersignatory Name

**E13** Countersignatory Code

#### Countersigning on Behalf of Another Organisation

**E14** Are you countersigning this application on behalf of another organisation? Yes ☐ No ☐ If 'Yes', supply name of organisation below.

**E15** Organisation Name

**E16**

## 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.

**F1/F2** Signature  Signature Date  /  /

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.