

Registered Body Code: AA1755
Address of Org: PO Box 29212
 St Andrews
 KY16 0YG

Verifier's Name: _____

Verifier's Code: _____

SGU Office Use Only

Signatory Name: _____

Signatory Code: _____

Name	Enhanced	Paid/Volunteer	Disclosure Ref No	Birth Cert	Passport	Driving Licence	Driving Licence (no photo)	Other	ID checked by (Verifier's Signature)
<i>EXAMPLE</i>	<i>E</i>	<i>V</i>	<i>003050000123456</i>		X	X		<i>UTILITY BILL</i>	

Verifier's Declaration

I declare that to the best of my knowledge and belief, all the information I have given in connection with these applications is full and correct in every aspect.

Verifier's Signature: _____ Signature Date: _____

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I understand and agree to comply with the requirements of the Ministerial Code of Practice for Registration with the CRBS and obtaining Standard and/or Enhanced Disclosure checks. I confirm that these applications are exempted positions as per the Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions (Scotland) Order 2003) and the Police Act 1997 Part V and are for the position of:

I declare that to the best of my knowledge and belief, all the information that I have given in connection with these applications is full and correct in every respect. I undertake to supply any additional information that may be required by CRBS to verify the particulars given and also to inform CRBS of any alterations in these particulars.

Signatory's Signature: _____ Signature Date: _____