

Protecting Vulnerable Groups Scheme



- * 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.
* Applicants should complete PARTS A, B, and C on pages 1, 2, and 3 of the form which are coloured lilac.
* Mandatory fields are highlighted in yellow.
* Please make a note of the Barcode Number at the top of the page to assist with any future query.

FOR OFFICIAL USE ONLY

PART A Type of Application (Read Note A)

A1 Cross (X) one box only. Scheme Membership Statement [X] Scheme Record [X] Scheme Membership Statement (Countersigned) [X]
A2 Cross (X) each box that applies. This application relates to regulated work with Children [X] Protected Adults [X]
A3 Do you wish to apply for an online account with Disclosure Scotland? Yes [X] No [X] If 'Yes', complete B21/B22.

PART B Personal Details (Read Note B)

Name(s)
B1 Title Mr [X] Mrs [X] Ms [X] Miss [X] Other
B2 Present Surname BLOGGS
B3 Present Forename(s) JOE
B5 Are you now, have you ever been, or were you at birth known by a different name? Yes No [X] If 'Yes', enter details below.
B12 If you require more space use a separate piece of paper and cross (X) this box. [X]
B13 Mother's Maiden or Family Name SMITH

Birth Details

B14/B15 Date of Birth 12/02/1976 Gender Male [X] Female [X]
B16 Town of Birth PERTH
B17 Country of Birth SCOTLAND
B18 Nationality BRITISH

Contact Details

B19 Day Contact No. 01234 567890
B20 Evening Contact No.
B21 Email Address j.bloggs@hotmail.com



Additional Information, Current Address & Address History

Additional Information

- B23 Do you have a UK National Insurance Number? Yes No If 'Yes', enter details below.
- B24 National Insurance No. YR 52 10 22 6
- B25 Do you have a Passport? Yes No If 'Yes', enter details below.
- B26 Full Passport No. 401291801
- B27 Country of Issue GREAT BRITAIN
- B28 Do you have a Driving Licence? Yes No If 'Yes', enter details below.
- B29 Driving Licence No. 6L099612971J99RZ
- B30 Country of Issue
- B31 Do you have a National Identity Card? Yes No 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 No If 'Yes', enter details below.
- B37 PVG Scheme ID
- B38 Are you now, or have you ever been registered with the ISA? Yes No If 'Yes', enter details below.
- B39 ISA Registration No.

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) 3 GOLF ROAD
- B41
- B42 Post Town PERTH
- B43 County
- B44/B45 Post Code PH4 6LH Resident From 12/2000
- 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 /
- B53 Country
- B54 Address (Number, Street)
- B55
- B56 Post Town
- B57 County
- B58/B59 Post Code Resident From /
- B60 Country



Address History (continued), Regulatory Body Details and Declaration

Address History (continued)

B61 Address (Number, Street)

B62

B63 Post Town

B64 County

B65/B66 Post Code Resident From /

B67 Country

B68 Address (Number, Street)

B69

B70 Post Town

B71 County

B72/B73 Post Code Resident From /

B74 Country

B75 Address (Number, Street)

B76

B77 Post Town

B78 County

B79/B80 Post Code Resident From /

B81 Country

P
L
E
A
S
E
R
E
M
O
V
E

B82 If you require more space use a separate piece of paper and cross (X) this box.

Regulatory Body Details (see Guidance Notes)

B83 Are you registered with any Regulatory Body listed in the guidance notes? Yes No If 'Yes', enter details below.

B84/B85 Regulatory Body Code Registration No.

B86/B87 Regulatory Body Code Registration No.

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:

- 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

Joe Stoggs

Signature Date 24/02/2011



Payment

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 No
- 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.

D3 Method of Payment

Registered Body Invoice Cheque VISA Master Card Maestro
 Solo VISA Electron VISA Debit/Delta Postal Order Voucher

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 This is the large number written across the middle of your card. Do not leave blank spaces.
- D5/D6 Expiry Date / Issue Number (If applicable)
- D7 Name of Cardholder
- D8/D9 Cardholder's Signature Signature Date / /

Voucher Payment

- D10 Voucher Number

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
 Account Number Cheque Number
 Other
 Initials

SAM



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 **PERTH GOLF CLUB**

E4

E5 Position Applied For **CHILD CARE VOLUNTEER COACH**

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 **PERTH GOLF CLUB**

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.

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.



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 No

G2 Will the work be carried out at the home address of the Applicant? Yes No

G3 Position Applied For

G4

Personal Employer Details

G5 Title Mr Mrs Ms Miss 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

Signature Date / /

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

SA M P L E



S F M P Z E