

Boxing Scotland PVG Scheme Q&A Guidance Notes

The Protection of Vulnerable Groups (Scotland) Act 2007 introduced the PVG Scheme for those in regulated work with children and protected adults. Disclosure Scotland holds a Children's List and an Adult's List of individuals barred from regulated work with children and/or protected adults.

For the purposes of our organisation and in line with our Procedure for the Recruitment and Selection of Members of Staff/Volunteers in regulated work with children, we require you to become a PVG Scheme member.

Regulated work with children includes:

- caring for children
- teaching, instructing, training or supervising children
- being in sole charge of children
- having unsupervised access to children
- being a host parent.

1. Does the legislation state I need to be a PVG Scheme member to work with children?

No. It is not a legal requirement for you. However, it is a legal requirement of our organisation to ensure that we do not employ an individual (paid or unpaid) who is on the Children's List and therefore barred from working with children. That is why we are asking you to become a PVG Scheme Member. This is the only way we can check you are not barred. We want to ensure that we are safeguarding the children in our organisation to the best of our ability.

2. What do I need to do to become a PVG Scheme member?

We have identified that the role you are applying for is regulated work with children. If we wish to appoint you to this post you will have to be a PVG Scheme member. To join the PVG Scheme, it is necessary to complete a form applying for a Scheme Record and have your identification verified. A copy of your Scheme Record, with your own unique identification number, is then issued to you and to this organisation. You will remain a Scheme member for life or until you are no longer involved in regulated work with children.

3. What if I have previous convictions/non-conviction information?

Having a criminal record will not necessarily prevent you from working in our organisation. Any relevant vetting information disclosed on your Scheme Record will be considered in relation to the position you have applied for. By disclosing this information in the self-declaration form, you will have had the opportunity already to make us aware of this information and provide some details. If required, we will invite you to a meeting to discuss this further (if this did not happen at interview) to ensure we have as much of an understanding as possible with regards to your situation.

4. What are Scheme Record Updates?

As part of our ongoing commitment to safeguard children in our organisation, we will require those in regulated work with children to complete self-declaration forms every three years as well as complete a Scheme Record Update. This provides both you and our organisation with any updated information on your Scheme Record.

5. How much will it cost?

There is no charge for PVG application through Boxing Scotland for a voluntary position.

6. Completing a PVG Scheme Application Form

The applicant needs to complete part A, B & C (pages 1-3) and the counter signatory completes sections D & E (pages 4 and 5).

The counter signatory needs to see 3 forms of identification from the applicant as detailed on page 5, ie passport, birth certificate, driving licence, utility bill etc.

If the applicant has already completed a PVG application through another organisation and has a PVG number they need to complete an 'Existing PVG Scheme Member Application' form, completing part A, B & C on page 1.

Application form guidance notes can also be found via the following link:

https://www.disclosurescotland.co.uk/publications/documents/GuidanceNotesJoinPVGScheme.pdf

PVG Scheme applicants requiring support can contact the following people:

Linsey Naysmith – Boxing Scotland Main Office on: 0845 241 7016

Callum Colquhoun – East District Signatory on: 07709 290666

Norman Watt – North District Signatory on: 07811 506853

Douglas Pinkett – West District Signatory on: 07861 792336

PLEASE NOTE - Once a PVG application has been submitted to Volunteer/Disclosure Scotland for processing, Boxing Scotland cannot provide any further information on the progress of an individual's application. Individuals also receive notification of the outcome of their application before Boxing Scotland does.

Volunteer Scotland - 01786 849777 http://www.volunteerscotland.net/disclosure-services/

Disclosure Scotland - 0870 609 6006 https://www.disclosurescotland.co.uk/

Please note that anyone underwent an old style disclosure check prior to 28 February 2011 now needs to go through the PVG application process before the end of October 2015. If they have already been through a PVG application with another company or organisation and have a PVG membership number, they are still required to complete an existing PVG scheme member application. If no PVG checks have taken place, Individuals must complete a full application to join the PVG scheme.

Please allow ample time before 31 October 2015 to complete this as the volume of applications to Disclosure Scotland will increase and resulting forms taking longer to process. Failure to have everyone checked by this deadline could result in Boxing Scotland committing an offence with having any individual volunteering that are barred from the regulated work group.



FOR OFFICIAL USE ONLY

Application to Join PVG 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. We recommend you use blue or black ink.

Applicants should complete PARTS A, B, and C on pages 1, 2, and 3 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 TVI	ne of Application (Boad Nata		
			Sahawa M. J. J.
		Scheme Record &	Scheme Membership Statement (Countersigned)
	This application relates to re	egulated work with: Children	C Protected Adults
Do you wish to apply for an	online account with Disclosure Sc	otland? Yes No X	If 'Yes', complete B21/B22.
	rsonal Details (Read Note B)		
Title Mr X		Other	
Forename(s) JOH	N		
re you now, have you ever b	een, or were you at birth known by	a different name? Voc. No.	V 1694-1
Surname		a direction halife: 165 140	X If 'Yes', enter details below.
Forename(s)			
Surname			
r oroname(s)			
you require more space use	a separate piece of paper and cros	ss (X) this box.	
or Family Name BRO	77		
irth Details			
Date of Birth 0 1 / 0	01/1980	Gender	Male X Female
			maio /C Telliale
Country of Birth S C O	TLAND		
	. 1 1 3 11		
Email Address J O h n	. Smithebox	ci ng scotlar	id . or a
			3
	PROTECT - PERSONAL (WHEN	COMPLETED)	Page 1 of 8
	Cross (X) one box only. Cross (X) each box that applies Do you wish to apply for an PART B Per Name(s) Title Mr X Present Surname S M I Present Forename(s) J O H Tre you now, have you ever be Surname Forename(s) Surname Forename(s) Surname Forename(s) You require more space use Mother's Maiden or Family Name B R O I Town of Birth O I / O Nationality S C O I Nationality S C O I Intact Details ay Contact No. O I 2 3 Ing Contact No. O I 2 Ing Contact No. O I 2 Ing Contact No. O I 2 Ing Contact No.	Cross (X) one box only. Scheme Membership Statement Cross (X) each box that applies. This application relates to re Do you wish to apply for an online account with Disclosure Sco PART B Personal Details (Read Note B) Name(s) Title Mr X Mrs Ms Miss Present Surname S M I T H Present Forename(s) J O H N The you now, have you ever been, or were you at birth known by Surname Forename(s) Surname Forename(s) Surname Forename(s) You require more space use a separate piece of paper and cross Another's Maiden or Family Name B R O W N Inth Details Date of Birth O I / O I / I 9 8 O Town of Birth C D I N B U 2 G H Country of Birth S C O T L A N D Nationality S C O T I S H Intact Details ay Contact No. O I 2 3 H S 6 7 8 9 O Ing Contact No. O 7 8 9 8 I 2 3 4 5 6 Email Address J O h N . S M I L N @ D O A Email Address J O h N . S M I L N @ D O A Email Address J O h N . S M I L N @ D O A Email Address J O h N . S M I L N @ D O A Email Address J O h N . S M I L N @ D O A Email Address J O h N . S M I L N @ D O A Email Address J O h N . S M I L N @ D O A Town of Birth G D I N . S M I L N @ D O A The present Surname S M I L N @ D O A The present Surname S M I L N @ D O A The present Surname S M I L N @ D O A The present Surname S M I L N @ D O A The present Surname S M I L N @ D O A The present Surname S M I L N @ D O A The present Surname S M I L N @ D O A The present Surname S M I L N @ D O A The present Surname S M I L N @ D O A The present Surname S M I L N @ D O A The present Surname S M I L N @ D O A The present Surname S M I L N @ D O A The present Surname S M I L N @ D O O A The present Surname S M I L N @ D O O O O O O O O O O O O O O O O O O	Cross (X) one box only. Scheme Membership Statement Scheme Record (X) Cross (X) each box that applies. This application relates to regulated work with: Children (X) Do you wish to apply for an online account with Disclosure Scotland? Yes No (X) PART B Personal Details (Read Note B) Name(S) Title Mr X Mrs Ms Miss Other Present Surname S M I T H Present Forename(s) J O H N re you now, have you ever been, or were you at birth known by a different name? Yes No Surname Forename(s) Surname Forename(s) Surname Forename(s) You require more space use a separate piece of paper and cross (X) this box. Alother's Maiden B R O N N I'th Details Date of Birth O I / O I / I 9 8 O Gender Town of Birth E D I N B U E G H Country of Birth S C O T L A N D Nationality S C O T T I S H Intact Details ay Contact No. O I 2 3 4 S 6 7 3 9 O Ing Contact No. O I 2 3 4 S 6 7 3 9 O Ing Contact No. O I 2 3 4 S 6 7 3 9 O Ing Contact No. O I 2 3 4 S 6 7 3 9 O Ing Contact No. O I 2 3 4 S 6 7 3 9 O Email Address J O N R . S M I L N @ D O X L N g S C O L L A / O Email Address J O N R . S M I L N @ D O X L N g S C O L L A / O Email Address J O N R . S M I L N @ D O X L N g S C O L L A / O Email Address J O N R . S M I L N @ D O X L N g S C O L L A / O Email Address J O N R . S M I L N @ D O X L N g S C O L L A / O Email Address J O N R . S M I L N @ D O X L N g S C O L L A / O Email Address J O N R . S M I L N @ D O X L N g S C O L L A / O Email Address J O N R . S M I L N @ D O X L N g S C O L L A / O Email Address J O N R . S M I L N @ D O X L N g S C O L L A / O Email Address J O N R . S M I L N @ D O X L N g S C O L L A / O Email Address J O N R . S M I L N @ D O X L N g S C O L L A / O Email Address J O N R . S M I L N @ D O X L N g S C O L L A / O Email Address J O N R . S M I L N @ D O X L N g S C O L L A / O Email Address J O N R . S M I L N @ D O X L N g S C O L L A / O The province of the present pres



Additional Information, Current Address & Address History

	Additional Infor	natio	n													
B23	Do you have a UK			ıranı	ce Nu	mber?					Yes	x	No		If 'Yes', enter details	below.
B24	National Insurance		AB		1			5	6	A						
B25	Do you have a Pas			,		_	2 1				Yes	X	No		If 'Yes', enter details	below.
B26	Full Passport No.															
B27	Country of Issue		UN	()	TE	1	r	1 2	6.5	20	m					
B28	Do you have a Driv	ina Lic			, ,						Yes	X	No		If 'Yes', enter details	below.
B29	Driving Licence No															
B30	Country of Issue		110	1 1	7 4	0	K	ı N	a	DO	M					
B31	Do you have a Nati	onal Id									Yes		No	X	If 'Yes', enter details	below.
B32	National Identity Ca															
B33	Country of Issue															
B34	National Entitlemer Card No.	it														
B35	Electricity Supplier	No.								70						
B36	Are you now, or har	/e you	ever	beer	a me	mber	of the l	PVG S	chem	e?	Yes		No	X	If 'Yes', enter details	below.
B37	PVG Scheme ID															
B38	Are you now, or ha	ve you	ever	beer	regis	tered	with th	e ISA?			Yes		No	X	If 'Yes', enter details	below.
B39	ISA Registration No).														
B40 B41 B42 B43	(Number, Street) Post Town County Post Code	L I W E	V 1	1	sa s	S T (01	AN			01	17		0	a	
	Country							, 100				, ,	-0	0		
B46	Country					ALCOHOLD VI										
B47 B48	Address History Address (Number, Street)	Р	lease	prov	ride yo	ur ad	aress r			last 6		ro (M	ont re	2000	t first, evaluding surre	ent address)
								iistoi y	in the	last fi	ve yea	rs. (M	ost re	ecen	t first, excluding curre	nt address.)
B49	Post Town							iistoi y	in the	last fi	ve yea	rs. (M	ost re	ecen	t first, excluding curre	ent address.)
B49 B50	Post Town County							iistoi y	in the	last fi	ve yea	rs. (M	ost re	ecen	t first, excluding curre	ent address.)
	County								in the		ve yea	rs. (M	ost re	ecen	t first, excluding curre	ent address.)
B50	County										ve yea		ost re	ecen	t first, excluding curre	ent address.)
B50 B51/E	County B52 Post Code										ve yea		ost re	ecen	t first, excluding curre	ent address.)
B50 B51/E B53 B54	County Post Code Country Address										ve yea		ost re	ecen	t first, excluding curre	ent address.)
B50 B51/E B53 B54 B55	County Post Code Country Address (Number, Street)										ve yea		ost re	ecen	t first, excluding curre	ent address.)
B50 B51/E B53 B54 B55 B56	County Post Code Country Address (Number, Street) Post Town County							Resi	ident		ve yea		ost re	ecen	t first, excluding curre	ent address.)
B50 B51/E B53 B54 B55 B56 B57	County Post Code Country Address (Number, Street) Post Town County							Resi	ident	From	ve yea	/	ost re	ecen		ent address.)

Address History (continued), Regulatory Body Details and



Address (Number, Street) 861 862 863 Post Town 864 County 865/866 Post Code Resident From / Country 868 Address (Number, Street) 869 70 Post Town 871 Country 872 873 Post Code Resident From / Country 874 Country 875 Address (Number, Street) 876 Resident From / 877 Post Town 878 Country 879 878 Country 879 879 Post Town 878 Country 879 880 Post Code Resident From / Resident From / Resident From / 878 Country 879 879 Resident From / 878 Resident From / 878 Resident From / 878 Resident From / 879 Resident From / 870 Resident From / 870 Resident From / 870 Resident From / Resident	Declar	ation	, (,,	atory box	y Botano	arra	0600100019556643
(Number, Street) 863	Add		(continued)					
Post Town B64 County B65/B66 Post Code Resident From / Country B68 (Number, Street) B69 Post Town B71 County B72/B73 Post Code Resident From / B74 Country B75 (Number, Street) B76 B77 Post Town B78 County B78 County B79/B80 Post Code Resident From / B79 Regulatory Body Details (see Guidance Notes) B81 Country 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 X If Yes', enter details below. B84/B85 Regulatory Body Code Registration No. B86/B87 Regulatory Body Code Registration No. B86/B88 Reg	B61 (No							
B65/B66 Post Code Resident From / Country B68 Address (Number, Street) B69 B70 Post Town B71 County B72/B73 Post Code Resident From / B74 Country B75 Address (Number, Street) B76 (Number, Street) B77 Post Town B78 Country B79 Post Town B79 Post Town B79 Post Town B79 Resident From / B79 Post Town B79 Resident From / B79 Post Town B79 Resident From / B79 Resident From / B79 Post Code Resident From / B79 Resident Fro	B62							
B65/B66 Post Code B67 Country B68 (Number, Street) B69 B70 Post Town B71 County B72/B73 Post Code B74 Country B75 Address (Number, Street) B76 (Number, Street) B77 Post Town B78 Country B79/B80 Post Code B78 Country B79/B80 Post Code B89 Regulatory Body Details (see Guidance Notes) B81 Country B82 If you require more space use a separate piece of paper and cross (X) this box. B88 Regulatory Body Details (see Guidance Notes) B85 Regulatory Body Code B86/B87 Regulatory B87 Regulatory B87	B63	Post Town						
Address (Number, Street) B88	B64	County						
Address (Number, Street) B70 Post Town B71 County B72/B73 Post Code Resident From / B74 Country B75 Address (Number, Street) B76 Post Town B77 Post Town B78 County B79/B80 Post Code Resident From / B81 Country 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 X 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 apoly 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 Lunderstand 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 embership for the purposes of the Scheme, for the prevention or detection of crime and for other related purposes. Disclosure Scotland will use 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 or detection of crime and additional information that may be required to verify the information given and will immediately notify any changes to this information.	B65/B66	Post Code			Resident From	1		
Number, Street	B67	Country						
Post Town B71 County B72/B73 Post Code Resident From / B74 Country B75 Address (Number, Street) B76 Post Town B77 Post Town B78 County B79/B80 Post Code Resident From / B81 Country 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 X If 'Yes', enter details below. B84/B85 Regulatory Body Code Registration No. B86/B87 Regulatory Body Code Registration No. B86/B88	B68 (Nu							
B71 County B72/B73 Post Code Resident From / B74 Country B75 Address (Number, Street) B76 County B77 Post Town B78 County B79/B80 Post Code Resident From / B81 Country 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 X 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: D Disclosure Scotland will use the 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. D 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. Applicant's Topon Scouli-fe Applicant's Topon Scouli-fe Applicant's Topon Scouli-fe Applicant's Topon Scouli-fe BRSIDER TOWN JUNE Additional Information that may be required to verify the information given and will immediately notify any changes to this information.	B69							
B72/B73 Post Code Resident From / Address (Number, Street) B76 Address (Number, Street) B77 Post Town B78 County B79/B80 Post Code Resident From / B81 Country 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 X 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 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. Applicant's Tobac Scoulittle Applicant's Tobac Scoulittle	B70	Post Town						
Resident From / Address (Number, Street) 76 77 78 78 79 87 87 87 87 88 88	B71	County						
Address (Number, Street) Address (Number, Street) Post Town Post Town Regulatory Body Post Code Resident From / B81 Country Regulatory Body Details (see Guidance Notes) 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: O 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 or direnders 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.	B72/B73	Post Code			Resident From	1		
(Number, Street) Post Town Regulatory Body Details (see Guidance Notes) Regulatory Body Code Registration No. 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 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.	B74	Country						
B79/B80 Post Code Resident From / B81 Country 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 X 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 effenders 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.	B75 (Nu							
B79/B80 Post Code Resident From / B81 Country 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 X 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.	B76							
B81 Country 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 X 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.	B77	Post Town						
Regulatory Body Details (see Guidance Notes) 883 Are you registered with any Regulatory Body listed in the guidance notes? Yes No X If 'Yes', enter details below. 884/B85 Regulatory Body Code Registration No. 886/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.	B78	County						
Regulatory Body Details (see Guidance Notes) 883 Are you registered with any Regulatory Body listed in the guidance notes? Yes No X If 'Yes', enter details below. 884/B85 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.	B79/B80	Post Code			Resident From	1		
Regulatory Body Details (see Guidance Notes) Are you registered with any Regulatory Body listed in the guidance notes? Yes No X If 'Yes', enter details below. Registration No. 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.	B81	Country						
Are you registered with any Regulatory Body listed in the guidance notes? Regulatory Body Code Registration No. Registration No. 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.	B82 If you	equire more spa	ace use a separ	ate piece of paper a	and cross (X) this	box.		
Are you registered with any Regulatory Body listed in the guidance notes? Regulatory Body Code Registration No. Registration No. 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.	Regu	latory Body [Details (see G	uidance Notes)				
Regulatory Body Code Registration No. 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.					guidance notes?	Yes	No X	If 'Yes', enter details below
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.	B84/B85	Regulatory Bod	y Code		Regis	stration No.		
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.	B86/B87	Regulatory Body	y Code					
 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. 	P.	ART C	Declaration	n (Read Note C)				
 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. 	l apply to joi	n the Scheme u	nder the Protect	ion of Vulnerable G	roups (Scotland)	Act 2007 ("Sche	me"). I red	quest that a disclosure record
 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. 	Disclos	sure Scotland wi	ill use the inform	plication in relation nation I have given t	to the type(s) of r	egulated work sp ty and to check a	pecified. I	understand the following:
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.	for the	nd will use this it prevention or de	nformation and a etection of crime	any other information	n relating to my S	Scheme member	ship for th	e purposes of the Scheme
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. Applicant's Applicant's Applicant's	Disclost other la	sure Scotland many enforcement	ay pass the info agencies for the	purposes of the S	cheme, of the pre	overnment depar vention and dete	tments or	organisations, the police and rime, of the apprehension
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 Applicant's	I declare tha	t the information	I have given is	complete and corre	ct. I understand t	hat to knowingly	make a fa	alse statement in this
	application is	s a criminal offer	nce. I will give a	ny additional inform	ation that may be	required to verif	y the infor	mation given and will
	C1/C2		John	Smith		Signature I	Date I	7/04/2015

PROTECT - PERSONAL (WHEN COMPLETED)

0600100019556643

Payment

	PART D	Payment (Read N	Note D)			
If you forward	ard the Applicant, are part and the form directly to the	aying for this application e person who will be o	on, complete PART D countersigning it.	. If you are not paying for	it, leave PART D b	lank and
D1	Is this application in re	spect of a volunteer de	oing regulated work fo	or a qualifying voluntary or	rganisation?	Yes No
D2	If this PVG Application they should cross (X) t			ersonal Employer,		
D3	Method of Payment					
R	tegistered Body Invoice	Cheque	VISA	Master Card	Maestro	
	Solo	VISA Electron	VISA Debit/ Delta	Postal Order	Voucher	
	Please make cheques pay	yable to 'Disclosure Scot	tland'. We recommend the	ne cheque is completed in bl	ue or black ink.	
	Credit/Debit Card F	ayments				
D4	Card Number				s the large number wi ir card. Do not leave l	ritten across the middle plank spaces.
D5/D	6 Expiry Date	1	Issue Number	(If applicable)		
D7 N	Name of Cardholder					
D8/D	9 Cardholder's Signature		ATURE WITHIN SO	Signature I	Date /	/
D10	Voucher Payment Voucher Number					
	COUNTERSIGNED A	APPLICATIONS - send o	completed application for ompleted application for	rms to the person who will be ms to: Disclosure Scotland, I	e countersigning your PO BOX No. 250, GL	application. ASGOW G51 1YU.
	FOR DISCLOSURE SO	COTLAND USE ONLY	Y. DO NOT WRITE BI	ELOW THIS LINE.		
	Correct Payment	Amount		Sort Code		
	Account Number		Chec	que Number		
	Other					
	Initials					
		PROTECT -	PERSONAL (WHEN	COMPLETED)		Page 4 of 8



Registered Body: Countersignatory Details and Declaration

	PARTE	Countersignature - To be completed by the Countersignatory (Read Note E	<u> </u>
	Role Details		
E1	Is the Applicant alrea	dy undertaking regulated work in the position to which this application relates?	Yes No
E2	Will the work be carrie	ed out at the home address of the Applicant?	Yes No
E3	Organisation Name		
E4			
E5	Position Applied For		
E6	7 Applied 1 of		
	Confirmation of Id	lambibu	
	The person countersign checked; if possible, of	gning must satisfy themselves as to the identity of the Applicant. A minimum of three forms one of them should be photographic. These should confirm the name, the date of birth and that and the confirm the confirm what has been checked.	of identity must be he current home
E7	Birth Certificate Pas	sport Driving Licence Driving Licence National Nation (with photograph) (without photograph) ID Card Entitlement Ca	()ther
	If 'Other', please st	tate the form of identification seen.	
E8			
E9			
E10	Authentication Reference No.		
	Registered Body D	Details	
E11	Registered Body Na	me	
E12	Registered Boo Sub Account Co		
E13	Countersignatory Nar		
E14	Countersignatory Co	ode	
	Countersigning on	Behalf of Another Organisation	
E15		this application on behalf of another organisation? Yes No of organisation b	
E16 C	Organisation Name	or organisation b	elow.
E17			
	PART F	Countersignatory Declaration (Read Note F)	
I deci		record is requested for the purpose of enabling or assisting me (or any other person for who	om Lact) to
consi		ability to do, or to be offered or supplied for, the type(s) of regulated work specified in this ap	
	of the Scheme, for the	ill use the information I have given to check and process this application. It will also use it fo prevention or detection of crime and for other related purposes.	
	enforcement agencies	ray pass the information to other Government departments or organisations, the police and of for the purposes of the Scheme, of the prevention and detection of crime, of the apprehens are and for other related purposes.	other law ion and
applic	cation is a criminal offer	n I have supplied is complete and correct. I understand that to knowingly make a false stater nce. I will give any additional information that may be required to verify the information giver ges to this information.	ment in this a and will
F1/F2	Signature	Signature Date /	/
	The signature you	supply here will be checked against the sample you supplied on the Registration app	lication
		d completed application forms to: Disclosure Scotland, PO BOX No. 250, GLASGOW G51 1YU.	
		PROTECT – PERSONAL (WHEN COMPLETED)	Page 5 of 8



Per	sonal Empl	oyer Details and Declaration	00100019556	643
	PART G	To be completed by a Personal Employer (Read Note G)		
	Role Details			
G1	Is the Applicant alre	eady undertaking regulated work in the position to which this application relates?	Yes	No
G2	Will the work be ca	ried out at the home address of the Applicant?	Yes	No
G3	Position Applied For			
G4	Applied to			
	Personal Emplo	yer Details		
G5	Title	Mr Mrs Ms Miss Other		
G6	Surname			
G7	Forename(s)			
G8				
G9 (Contact Phone No.			
G10	Email Address			
G11	Lindii Address			
	Demonal France	Address. This is the address your control the contiferate will be contife		
G12	Personal Employ Address	ver Address This is the address your copy of the certificate will be sent to.		
	(Number, Street)			
G13	D T.			
G14	Post Town			
G15	County			
G16	Post Code			
G17	Country			
	PART H	Declaration (Read Note H)		
cons	sider the applicant's derstand the following	ure record is requested for the purpose of enabling or assisting me (or any other person suitability to do, or to be offered or supplied for, the type(s) of regulated work specified g: d will use the information I have given to check and process this application. It will also	in this application	
		heme, for the prevention or detection of crime and for other related purposes.	use it for the	
•	enforcement agen	d may pass the information to other Government departments or organisations, the po cies for the purposes of the Scheme, of the prevention and detection of crime, of the ap nders and for other related purposes.	lice and other la oprehension and	w I
appl	cation is a criminal	ation I have supplied is complete and correct. I understand that to knowingly make a fa offence. I will give any additional information that may be required to verify the information changes to this information.	se statement in tion given and w	this ill
H1/H2	Signatu	e Signature Date /	1	
	Diagon	end completed application forms to: Disclosure Scotland, PO BOX No. 250, GLASGOW G	51 1YU	
	Flease !	terio compreted apprication forms to. Disclosure Scotland, FO BOX No. 230, GLASGOW G	0.110.	



PROTECT - PERSONAL (WHEN COMPLETED)



PROTECT – PERSONAL (WHEN COMPLETED)