



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

- * 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 Type of Application (Read Note A)

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

PART B Personal Details (Read Note B)

Name(s)

- B1 Title Mr ☒ Mrs ☐ Ms ☐ Miss ☐ Other ☐
- B2 Present Surname SMITH
- B3 Present Forename(s) JOHN
- B4
- B5 Are you now, have you ever been, or were you at birth known by a different name? Yes ☐ No ☒ 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. ☐
- B13 Mother's Maiden or Family Name BROWN

Birth Details

- B14/B15 Date of Birth 01/01/1980 Gender Male ☒ Female ☐
- B16 Town of Birth EDINBURGH
- B17 Country of Birth SCOTLAND
- B18 Nationality SCOTTISH

Contact Details

- B19 Day Contact No. 01 234 567890
- B20 Evening Contact No. 07898 123456
- B21 Email Address john.smith@boxingscotland.org
- B22



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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. A B 1 2 3 4 5 6 A

B25 Do you have a Passport? Yes ☒ No ☐ If 'Yes', enter details below.

B26 Full Passport No. [Grid]

B27 Country of Issue UNITED KINGDOM

B28 Do you have a Driving Licence? Yes ☒ No ☐ If 'Yes', enter details below.

B29 Driving Licence No. [Grid]

B30 Country of Issue UNITED KINGDOM

B31 Do you have a National Identity Card? Yes ☐ No ☒ If 'Yes', enter details below.

B32 National Identity Card No. [Grid]

B33 Country of Issue [Grid]

B34 National Entitlement Card No. [Grid]

B35 Electricity Supplier No. [Grid]

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 [Grid]

B38 Are you now, or have you ever been registered with the ISA? Yes ☐ No ☒ If 'Yes', enter details below.

B39 ISA Registration No. [Grid]

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) 1 STREET PLACE

B41 [Grid]

B42 Post Town LIVINGSTON

B43 County WEST LoTHIAN

B44/B45 Post Code EH54 1AB Resident From 01 / 2009

B46 Country SCOTLAND

Address History

Please provide your address history in the last five years. (Most recent first, excluding current address.)

B47 Address (Number, Street) [Grid]

B48 [Grid]

B49 Post Town [Grid]

B50 County [Grid]

B51/B52 Post Code [Grid] Resident From [Grid] / [Grid]

B53 Country [Grid]

B54 Address (Number, Street) [Grid]

B55 [Grid]

B56 Post Town [Grid]

B57 County [Grid]

B58/B59 Post Code [Grid] Resident From [Grid] / [Grid]

B60 Country [Grid]

Address History (continued), Regulatory Body Details and Declaration



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Address History (continued)

B61	Address (Number, Street)	
B62		
B63	Post Town	
B64	County	
B65/B66	Post Code	Resident From <input type="text"/> / <input type="text"/>
B67	Country	

B68	Address (Number, Street)	
B69		
B70	Post Town	
B71	County	
B72/B73	Post Code	Resident From <input type="text"/> / <input type="text"/>
B74	Country	

B75	Address (Number, Street)	
B76		
B77	Post Town	
B78	County	
B79/B80	Post Code	Resident From <input type="text"/> / <input type="text"/>
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 ☒ 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

John Smith

Signature Date 17 / 04 / 2015

PART D	Payment (Read Note D)
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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. ☐

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

Credit/Debit Card Payments

D7 Name of Cardholder

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.

Initials



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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 <input type="checkbox"/>	No <input type="checkbox"/>
E2	Will the work be carried out at the home address of the Applicant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
E3	Organisation Name	<input type="text"/>	
E4		<input type="text"/>	
E5	Position Applied For	<input type="text"/>	
E6		<input type="text"/>	

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 <input type="checkbox"/>	Passport <input type="checkbox"/>	Driving Licence (with photograph) <input type="checkbox"/>	Driving Licence (without photograph) <input type="checkbox"/>	National ID Card <input type="checkbox"/>	National Entitlement Card <input type="checkbox"/>	Other <input type="checkbox"/>
If 'Other', please state the form of identification seen.							
E8	<input type="text"/>						
E9	<input type="text"/>						
E10	Authentication Reference No.	<input type="text"/>					

Registered Body Details

E11	Registered Body Name	<input type="text"/>	
E12	Registered Body/ Sub Account Code	<input type="text"/>	(Code of account to be invoiced.)
E13	Countersignatory Name	<input type="text"/>	
E14	Countersignatory Code	<input type="text"/>	

Countersigning on Behalf of Another Organisation

E15	Are you countersigning this application on behalf of another organisation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', supply name of organisation below.
E16	Organisation Name	<input type="text"/>		
E17		<input type="text"/>		

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	<input type="text"/>	Signature Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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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 <input type="checkbox"/>	
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.



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