



Access NI
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QUICK GUIDE FOR COMPLETING: CHANGE DESIGNATED LEAD SIGNATORY

This can be completed by either the Countersignatory or the Lead who should insert the appropriate amendments. Please complete this form using **black ink** only and **CAPITAL** letters.

Please nominate a current signatory to become the new Lead and specify if the current lead is to be removed or changed to a Countersignatory. Please write this in the box on page 1.

Text in **RED** indicates fields that are **mandatory** on the Form - failure to complete the relevant information will result in the Form being returned unprocessed.

PART A – TYPE OF APPLICATION

Indicate the type of Disclosure being requested by marking 'X' in the appropriate box.

If you are unsure speak to your Registered Body who will advise you.

- A1 Initial Registration
- A2 Modify Registration details
- A3 Add Countersignatory
- A4 Modify Lead Countersignatory
- A5 Remove Lead / Countersignatory Signatory Number Insert the signatory number you wish to remove

A6 **Change Designated Lead Signatory**

PART B – ORGANISATION DETAILS

B1 **Registered Body Number** - this does not need to be completed for initial registration but for all other modifications this section must be completed with the Registered Body's reference number which was provided by AccessNI.

B2 **Organisation name** - this is the name of your organisation.

B3 **Umbrella body** - mark the box if you will be acting as an Umbrella body for other organisations for the purpose of countersigning Standard and Enhanced Disclosure Applications and/or ISA Registration Applications.

B4 and **B5** **Regulated / Controlled activities** - one or both these must be marked if the organisation is entitled to ask the exempted question (refer to the Safeguarding Vulnerable Groups (NI) Order 2007 for clarification on definitions or contact the ISA helpline on 0300123 1111.

B6 This organisation is classed as non-profit making and non-statutory. It is essential that AccessNI is informed of the organisation's status in this respect. One box must be X.

- B7-B11 Office Address - this is the address where any correspondence from AccessNI will be sent.
- B12 Organisation Telephone Number - enter the Registered Body's telephone number with the STD code at which AccessNI will be able to contact a Countersignatory if necessary. Please note that if this is left blank it could result in delaying processing your registration. Do not leave any spaces when entering the number.
- B13 Fax Number - enter the Registered Body's fax number with the STD. Do not leave any spaces when entering the number.
- B14 Organisation Website Address - please insert your organisation website address.
- B15 Purpose of the organisation - this should be a summary of the aims and objectives of the organisation. Additional pages may be used if necessary.
- B16 Charity/Company number - this is the unique Charity/Company number of your organisation - if applicable.
- B17 Exempted Questions - this is the confirmation that the organisation will be asking exempted questions. It is important that the organisation thoroughly check they have an entitlement to ask this question.
- B18 Part V of the Police Act - this is the confirmation the organisation is likely to countersign Disclosure Applications under Section 113A and/or 113B of Part V of the Police Act 1997 at the request of bodies or individuals asking the exempted questions (Umbrella Bodies only).
- B19 Code of Practice - this is the declaration that the organisation will comply with AccessNI's Code of Practice and will address issues raised by AccessNI to ensure adherence to its policies. This box must be marked to enable AccessNI to proceed with the registration. Details of the Code of Practice and the Explanatory Guide can be found at <http://www.dojni.gov.uk/index/accessni/support/code-of-practice.htm>.
- B20 Number of Disclosures - please estimate the number of each type of service listed the organisation is likely to countersign per year.

PART C - PROPOSED METHOD OF PAYMENT FOR DISCLOSURE APPLICATIONS

This section should only be completed if you will be paying for Disclosure Certificates or ISA Registrations that you will be requesting from AccessNI.

- C1 Please indicate here if Standard or Enhanced Disclosure Applications or ISA Registrations will be paid for. You must X one box.
- C2 If you have answered yes above please indicate the proposed method of payment.

PART D – LEAD / COUNTERSIGNATORY DETAILS

- D1 Title - mark 'X' clearly in the appropriate box. Examples of 'other' may be 'Reverend', 'Sister' etc.
- D2 Surname - enter your current Surname or last name. This will be the name that appears on your Disclosure Certificate.
- D3 Forename(s) - please write your full first name not just initials. Include all your forenames if you have more than one.
- D4 Name usually known by - use this section to include abbreviations, nicknames, etc by which you are more commonly known.
- D5 Surname at birth (if different) - if your surname at birth was different from your current surname please provide details and the date during which the names were used. This would only be applicable where your surname is different from your current surname i.e. changed by marriage, deed poll, etc.

- D6 Any other surname(s) used? - one of the boxes must be completed. This applies to all other previously used surnames you have used during your lifetime e.g. previous marriages, previous deed poll changes. Please also supply dates of changes. If yes, please insert names and dates.
- D7 Any other forename(s) used? - one of the boxes must be completed. This applies to all previous forenames you have used during your lifetime and the dates when these names were used. If yes, please insert names and dates.
- D8 Gender - mark on the appropriate box. If you are transgender and do not wish your employer to know of your previous gender, please contact AccessNI for advice.
- D9 Date of Birth - enter the day, month and year you were born in the format DD/MM/YYYY - e.g. 04/03/1960.
- D10 Place of Birth - enter the name of the town and the country where you were born.
- D11 National Insurance Number - enter in spaces provided. This can normally be found on your payslip or any personalised Customs and Revenue Documents.
- D12 Driving Licence Number - enter the full Driving Licence number as found on your UK driving licence (point 5 on your driving licence refers).
- D13 Do you hold a valid passport? - if no, go to D17, if yes, you must complete D14, D15 and D16.
- D14 Passport number - enter passport number. The passport should be valid.
- D15 Nationality - enter your nationality as indicated on your passport.
- D16 Country of issue - enter the country your passport was issued in.
- D17 Preferred contact number - enter the number you would prefer AccessNI to contact you on if necessary.
- D18 Business E-mail Address - enter the email address you wish to be contacted on.
- D19-D24 Current Address - include the date from which you have been a resident at this address. Each section must be completed. It is essential you supply a date at D24. Please give full address details, including postcode and dates of residence. If you do not provide a full 5 year address history your Form will be returned unprocessed.
- D25-D36 Previous Address(es) - if you have lived at your current address for less than 5 years you will need to provide your continuous address history for the last 5 years. You should include addresses outside the UK where appropriate. There **must** be no gaps in the dates provided; overlapping dates are acceptable. Please give full address details, including postcode.

If your address history does not fit in the spaces provided you should use the approved Address Continuation Sheet which can be downloaded at <http://www.dojni.gov.uk/index/accessni/application-forms/addresscontinuationsheet.pdf>.

PART E – DECLARATION BY APPLICATION

Please read this section carefully as it is where you declare that all the information provided is correct and up to date. You must provide your signature and ensure that you print your full name and enter the date on this section of the Form.

- E2 Do you have any convictions - have you ever been convicted in a court of law. Place a cross in the relevant box.
- E3** Signature of Applicant - place your signature ensuring it stays within the box provided. By signing the box below you are agreeing to the above conditions of Registration.
- E4** Date of Signature.
- E5** Insert your name in capitals.

PART F – VERIFICATION OF IDENTITY

Please see the Guidance Notes or AccessNI website for acceptable means of identification. Photocopies of identification documents must be included with the registration form when applying. **Do not send original Identification Documents.**

F1 Please X this box to indicate the appropriate documentation has been submitted.

PART G – DECLARATION

This is the declaration that you can ask an exempted question under the terms of The Rehabilitation of Offenders (Exceptions) Order (Northern Ireland) 1979 and that the checks requested are in accordance with the relevant sections of Part V of the Police Act 1997. The proposed Lead Signatory must sign and date this section.

G1 Signature of Applicant - place your signature ensuring it stays within the box provided.

G2 Date of Signature.

By signing the box below you are agreeing to the above conditions of Registration.

PART H – AUTHORISATION

Do not complete this section for Initial Registration.

H1 – H2 This is the name and reference number of the Lead Signatory in the organisation who will approve countersignatories and validate identity.

H3 Please X this box to confirm the identity of the proposed Countersignatory has been checked in line with the AccessNI identification documents.

H4 The Lead Signatory must X this box to confirm the information and changes requested are necessary to maintain an accurate and up-to-date AccessNI registration for the Registered Body.

H5 – H6 The Lead Signatory must sign and date this section to confirm that identification has been validated.

PART I – PAYMENT FOR REGISTRATION

The cost for initial registration is £150 this includes the Registration of the Lead Signatory. The cost of Registration for additional Countersignatories is £10. **There is no charge for Registration Body Modification, Countersignatory Modification or Countersignatory removals.**

I1 Method of Payment for Registration - you must mark (x) one box only.

I2 If paying by cheque please insert the cheque number. Please make cheques payable to 'AccessNI'. If paying by card please complete I3-I9.