



# Application form: Standard / Enhanced Disclosure ISA Registration



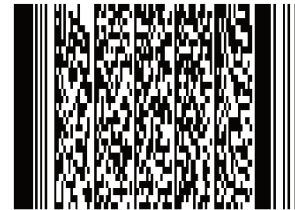
## About this form

This form can be used to apply for an AccessNI Standard or Enhanced disclosure and/or to register with the Independent Safeguarding Authority [ISA]. If you are applying for an AccessNI disclosure and for ISA registration on this form, it must be for the same position – if not, two application forms must be completed.

Please complete this application form in CAPITAL letters and use black ink. Applicants must complete Parts B, C, D, E, F and G and return the form to whoever sent it to them for completion of Parts A, H, I and J.

*If you require help completing this form you can visit our website on [www.accessni.gov.uk](http://www.accessni.gov.uk) where you will find step-by-step instructions in our Guidance. Alternatively you can call our helpline on (028) 9025 9100 or speak to the person who asked you to complete the form.*

Completed forms should be posted to: **AccessNI  
PO Box 1085  
Belfast  
BT5 9BD**



Failure to complete the form correctly may result in a delay or the form being returned unprocessed.

*PLEASE WRITE CLEARLY IN THE BOXES PROVIDED (Continuation sheets are available from [www.accessni.gov.uk](http://www.accessni.gov.uk)).*

AccessNI Reference 

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## PART A Service required - to be completed by (prospective) employer

A1 Standard (£26) ☐ Enhanced (£30) ☒ Enhanced / ISA (£58) ☐ ISA only (£58) ☐ (Cross 1 box only)

A2 Registered Body Name 

C	H	U	R	C	H	E	S		V	O	L	U	N	T	A	R	Y						
W	O	R	K		B	U	R	E	A	U													

A3 Registered Body No. 

8	0	0	0	0	0	0	8	5	3
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A4 Counter Signatory No. 

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MF1	MF2	Sc1	Sc2

## PART B Applicant's details

B1 Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐  
*If 'Other' please give details*

B2 Surname

B3 Forename(s)

B4 Name usually known by

B5 Surname at birth  
*(if different)*   
 used until

B6 Any other surname(s) used? No ☐ Yes ☐ *If 'Yes', please complete F1, if 'No' go to B7*

B7 Any other forename(s) used? No ☐ Yes ☐ *If 'Yes', please complete F5, if 'No' go to B8*

B8 Gender Male ☐ Female ☐

B9 Date of birth

B10 Place of birth - Town   
 Country

B11 National insurance number

B12 Driving licence number

B13 Do you hold a valid passport? No ☐ *If No, go to B17.* Yes ☐ *If Yes, complete B14, B15 and B16.*

B14 Passport number

B15 Nationality

B16 Country of issue

B17 Do you have an ISA registration number? No ☒ *If No, go to B19.* Yes ☐ *If Yes, complete B18.*

B18 ISA registration number

B19 Do you have a Scottish Vetting & Barring number? No ☒ *If No, go to B21.* Yes ☐ *If Yes, complete B20.*

B20 Scottish Vetting & Barring number

B21 Preferred contact number

## PART C Application for Registration with ISA

C1 Are you applying for registration with ISA? No ☒ *If No, go to Part D.* Yes ☐ *If Yes, complete C2 - C5.*

C2 Do you intend to work, paid or unpaid, with *(Cross all that apply)* Children ☐ Vulnerable Adults ☐

C3 Do you intend to work, paid or unpaid, in controlled activity with *(Cross all that apply)* Children ☐ Vulnerable Adults ☐

C4 Are you applying as a free of charge volunteer? No ☐ Yes ☐  
*By placing X in the Yes box at C4 I understand that I may be liable for payment at a later date should my employment status change.*

C5 Security information - name of first school

*For security reasons you may be asked to provide this, together with other personal information, when contacting AccessNI or ISA.*

## PART D Applicant's current and delivery address

Please give details of your current address. This is the address to which all correspondence will normally be sent.

D1	Current address	<input type="text"/>
D2	Town / City	<input type="text"/>
D3	County	<input type="text"/>
D4	Country	<input type="text"/>
D5	Postcode	<input type="text"/>
D6	Lived at this address since	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please give details of a preferred Delivery Address for the Applicant's Correspondence (if different from above).

D7	Delivery address	<input type="text"/>
D8	Town / City	<input type="text"/>
D9	County	<input type="text"/>
D10	Country	<input type="text"/>
D11	Postcode	<input type="text"/>

## PART E Address history

If you have lived at the address at D1-D5 for less than 5 years please provide details of all your previous address(es), including student accommodation, and dates of residence for the last 5 years. There must be no gaps in the dates; overlapping dates are acceptable. Please start with the most recent address and work backwards. If necessary, please use the approved Address Continuation Sheet – this is downloadable at [www.accessni.gov.uk](http://www.accessni.gov.uk).

E1	Address	<input type="text"/>
E2	Town / City	<input type="text"/>
E3	County	<input type="text"/>
E4	Country	<input type="text"/>
E5	Postcode	<input type="text"/>
E6	Lived at this address from	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E7	Address	<input type="text"/>
E8	Town / City	<input type="text"/>
E9	County	<input type="text"/>
E10	Country	<input type="text"/>
E11	Postcode	<input type="text"/>
E12	Lived at this address from	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## PART F Names history

*This Section should only be completed if you have answered Yes to questions B6 or B7. You must provide details of your previous name(s), along with dates these names were used. There must be no gaps in the dates; overlapping dates are acceptable. Please use an additional page if necessary, clearly writing your current name at the top of the page.*

F1	Previous surname	<div></div>																									
F2	date used from	<div></div> <div></div>		/	<div></div> <div></div>		/	<div></div> <div></div>			to	<div></div> <div></div>		/	<div></div> <div></div>		/	<div></div> <div></div>									
F3	Previous surname	<div></div>																									
F4	date used from	<div></div> <div></div>		/	<div></div> <div></div>		/	<div></div> <div></div>			to	<div></div> <div></div>		/	<div></div> <div></div>		/	<div></div> <div></div>									
F5	Previous forename	<div></div>																									
F6	date used from	<div></div> <div></div>		/	<div></div> <div></div>		/	<div></div> <div></div>			to	<div></div> <div></div>		/	<div></div> <div></div>		/	<div></div> <div></div>									
F7	Previous forename	<div></div>																									
F8	date used from	<div></div> <div></div>		/	<div></div> <div></div>		/	<div></div> <div></div>			to	<div></div> <div></div>		/	<div></div> <div></div>		/	<div></div> <div></div>									

**Once you have completed Part F, please return to B8 to continue with this Form.**

## PART G Declaration by Applicant

By signing the applicant declaration box I confirm that the information that I have provided in support of this application is complete and true and I understand that knowingly to make a false statement for this purpose may be a criminal offence.

G1 Do you have any convictions?    No ☐    Yes ☐

G2 Signature of applicant (please sign in box)

G3 Date of signature

G4 Name (in CAPITALS)

**Information you have supplied on this form, and any other additional information you have supplied in support of this application, may be passed to other Government organisations and law enforcement agencies.**

**You must now return this form to the person who asked you to complete it**

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## PART H Registered Body information

H1 Is the applicant applying for an AccessNI disclosure? No ☐ If No, go to H7. Yes ☒ If Yes, continue from H2.

H2 Position applied for

H3 Organisation Name

H4 Will the work be carried out at the home of the applicant? No ☒ Yes ☐

H5 Is the disclosure required for the purposes of asking an exempted question? No ☐ Yes ☒

H6 Is the disclosure required for a prescribed purpose? No ☐ Yes ☒

H7 Are you entitled to know if the applicant is registered to work with children? No ☐ Yes ☒

H8 Are you entitled to know whether the applicant is registered to work with vulnerable adults? No ☐ Yes ☒

H9 Have you established the true identity of the applicant by examining a range of documents as set out in AccessNI Guidance, and verified the information provided in Parts B, C, D, E & F? No ☐ Yes ☒

H10 Application type:    New post holder ☒    Existing post holder ☐    Re-check of existing post holder ☐

H11 Your reference Number 

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 (Do not use Counter Signatory number)

## PART I Payment

11 Method of Payment Account  No Payment (Volunteer)

## PART J Declaration by Countersignatory

I confirm that the requisite documentation and information has been supplied and checked in accordance with AccessNI Guidance. I declare that the information I have provided in support of the application is complete and true and understand that knowingly to make false statement for this purpose may be a criminal offence.

**J1** Signature of registered person (*please sign in box*)

J2 Date of signature

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		/		/				
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J3 Name in CAPITALS

## Data Protection

Information on this form will be treated in confidence. AccessNI is registered with the Information Commissioner. Data supplied by you on this form will be processed in accordance with the provisions of the Data Protection Act 1998. The full protection statement is set out in section 1.10 of our Guidance.