

The Scout Association Northern Ireland Scout Council

Access Northern Ireland



July 2014

AccessNI Application Form

Please complete using **BLACK** ink:

PART B - Applicant's details

PART D - Applicant's current and delivery address

PART E – Address history

PART F – Names history

PART G - Declaration by applicant

Do not complete **PARTS A, H, I or J**

ID Validation Form

Valid Identification Documents (see list overleaf) must be produced and shown to one of the following:

- County / District Commissioner
- County / District Secretary
- County / District Appointments Secretary
- District Explorer Scout Commissioner
- Group Scout Leader
- A member of NISC staff

This box is to be completed by one of the above.
I verify that I have checked the identity of:
Name of Applicant:
Appointment of applicant:
County:ANTRIM District:LISBURN Group:LISBURN CATHERDRAL
Date ID Check carried out
I confirm I have seen the original ID documents as indicated overleaf.
Signed:Name in Capitals:PAUL DUGGAN
Scout Appointment:GROUP SCOUT LEADER
County:ANTRIM District:LISBURN Group:LISBURN CATHERDRAL

The Scout Association

109 Old Milltown Road, Belfast, BT8 7SP
T: +44 (0)28 9049 2829 F: +44 (0)28 90492830 E:info@scoutsni.com w: www.scoutsni.com
President: The Rt. Hon The Lord Carswell. Chief Commissioner: Colin Lammey. Executive Commissioner: Ken Gillespie.



Valid Identification Documents

Three documents must be produced in the name of the applicant, one from Group 1 and two from Group 2.

If this is not possible then **four documents from Group 2** must be produced, one of which **must be a birth certificate** issued after the time of birth.

At least one of these documents must include photographic identification.

Please tick the appropriate boxes below to indicate which Identification Documents have been checked.

Group 1	Group 2	
Current passport (any Nationality)	Birth Certificate (UK, ROI, Isle of Man or Channel Islands) issued after time of birth	
Biometric Residence Permit (UK)	Marriage/Civil Partnership Certificate (UK, Isle of Man or Channel Islands)	
Current Driving Licence (UK, ROI, Isle of Man or Channel Islands or any EU country)	HM Forces ID Card (UK)	
Original Birth Certificate (UK, Isle of Man or Channels) issued at time of birth	National Insurance Card or notification letter with NI number (UK)	
Original Long Form Irish Birth Certificate – issued at time of registration of birth	Firearms Licence (UK and Channel Islands)	
Adoption Certificate (UK, Isle of Man or Channel Islands)	Bank / Building Society Account Confirmation letter	
iotariooy	Electoral ID Card (NI only)	
	EU National ID Card	
	Cards carrying the PASS Accreditation logo (UK and Channel Islands)	
	Senior SmartPass (Translink – NI only)	
	Current UK Driving Licence (old paper version)	
	Examination Certificates (16-18 year olds only)	
	Bank/Building Society Statement (UK or EEA)*	
	Credit Card Statement (UK or EEA)*	
This documentation must be less than 3 months old	Utility Bill (UK or ROI) – not mobile phone	
	Benefit Statement (UK)*	
	Addressed payslip*	
	Mortgage Statement (UK or EEA)**	
	Financial Statement (UK)**	
	P45/P60 Statement (UK and Channel Islands)**	
This documentation must be issued within the last 12 months	Land and Property Services Agency rates demand (Nonly)	
	Work Permit/Visa (UK) (UK Residence Permit)**	
	Letter from a Head Teacher or Further Education College Principal (16-18 year olds in full time education – only to be used when other documentation routes are exhausted)**	



A1

A2

АЗ

Application form: Standard / Enhanced Disclosure

About this form

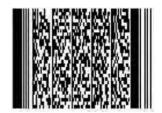
This form can be used to apply for an AccessNI Standard or Enhanced disclosure and Enhanced disclosure with Barred List Check.

Please complete this application form in CAPITAL letters and use black ink. Applicants must complete Parts B, 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.nidirect.gov.uk/accessni where you will find step-by-step instructions in our Guidance. Alternatively you can call our helpline on 0300 200 7888 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.nidirect.gov.uk/accessni).

AccessNI Reference (AccessNi use only)

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

Standard (£26) Enhanced (£30) Enhanced with Barred List Check (£30) (Cross 1 box only)

Registered Body Name

Registered Body No.

Counter Signatory No.

For AccessNI use only

MF1

MF2

Sc1

Sc2

	PART B Applicant's	s details
В1	Title Mr	Mrs Miss Ms Other
	If 'Other' please give details	
B2	Surname	
ВЗ	Forename(s)	
B4	Name usually known by	
B5	Surname at birth (if different) used until	
В6	Any other surname(s) used?	No Yes If 'Yes', please complete F1, if 'No' go to B7
В7	Any other forename(s) used?	No Yes If 'Yes', please complete F5, if 'No' go to B8
В8	Gender M	Male Female
В9	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	on number? No X If No, go to B19. Yes X If Yes, complete B18.
B18	ISA registration number	X X X X X X X X X X X X X X X X X X X
B19	Do you have a Scottish Vetting & Barring number?	No X If No, go to B21. Yes X If Yes, complete B20.
B20	Scottish Vetting & Barring number	X
B21	Preferred contact number	
	For AccessNI use only	

Please give details of your current address. This is the address to which all correspondence will normally be sent. Current address Town / City D2 D3 County D4 Country D5 Postcode Lived at this address since Please give details of a preferred Delivery Address for the Applicant's Correspondence (if different from above). Delivery address D7 Town / City D8 D9 County D10 Country D11 Postcode Address history PART E 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.nidirect.gov.uk/accessni. Address E2 Town / City E3 County Country E4 E5 Postcode Lived at this address from E6 to E7 Address Town / City E8 E9 County E10 Country E11 Postcode E12 Lived at this address from to

Applicant's current and delivery address

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	
F2	date used from	to
F3	Previous surname	
F4	date used from	to/
F5	Previous forename	
F6	date used from	to/
F7	Previous forename	
F8	date used from	/ / / to / / /
	Once you have completed	Part F, please return to B8 to continue with this Form.

PART G Declaration by Applicant

I understand the following:

- · AccessNI may use the information I have supplied on this form to verify my identity and to check this application.
- AccessNI may use the information I have supplied on this form for the purposes of the prevention or detection of crime in accordance with section 29 of the Data Protection Act 1998.
- AccessNI may pass the information I have supplied on this form, and any other information I have supplied in support of this application to other Government organisations and law enforcement agencies in accordance with section 29 of the Data Protection Act 1998.
- By signing the applicant declaration box I confirm that the information that I have provided in support of this
 application is complete and true. I will supply AccessNI with any additional information required to verify the
 information provided in this application. I understand that knowingly to make a false statement in this application
 is 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)	

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

	PART H Register	ed Body information
H1	Is the applicant applying fo	r an AccessNI disclosure? No If No, go to H7. Yes X If Yes, continue from H2.
H2	Position applied for	
НЗ	Organisation Name	
	THE CONTRACTOR OF THE CONTRACT	
H4		t at the home of the applicant?
H5	,	or the purposes of asking an exempted question?
Н6	Is the disclosure required for	or a prescribed purpose?
H7	Does this position require a	a check of the Children's Barred List? (Regulated Activity) No Yes
Н8	ANTONIO SECULIA CONTRA CONTRA ANTONIO ANTONIO ANTONIO CONTRA CONT	a check of the Vulnerable Adults' Barred List? (Regulated Activity) No Yes
Н9	₹\;	rue identity of the applicant by examining a range of documents as ce, and verified the information provided in Parts B, D, E & F? No Yes
H10	Application type: New	post holder Existing post holder Re-check of existing post holder
H11	L1 Your reference Number (Do not use Counter Signatory number)	
	PART I Payment	
l1	Method of Payment	Account No Payment (Volunteer)
	PART J Declarati	on by Countersignatory
	AccessNI Guidance. I dec	e documentation and information has been supplied and checked in accordance with clare that the information I have provided in support of the application is complete and knowingly to make false statement for this purpose may be a criminal offence.
J1	Signature of registered pers	son (please sign in box) J2 Date of signature
J3	Name in CAPITALS	
	at establishments and a sorter error teasingse	Il be treated in confidence. the Information Commissioner. Data supplied by you on this form will be processed in ions of the Data Protection Act 1998.