



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

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President: The Rt. Hon The Lord Carswell. Chief Commissioner: Colin Lammey. Executive Commissioner: Ken Gillespie.

For outdoor opportunities contact: Northern Ireland Scout Centre Crawfordsburn
Tel: 028 9185 3307 Email: info.niscrcrawfordsburn@nireland.com



...EVERYDAY ADVENTURE

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
	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)*
	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)**
	Land and Property Services Agency rates demand (NI only)**
	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)**

**This documentation must be less than 3 months old*

***This documentation must be issued within the last 12 months*

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

For AccessNI use only

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"/>
		<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"/>

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

D7	Delivery address	<input type="text"/>
		<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.nidirect.gov.uk/accessni.

E1	Address	<input type="text"/>
		<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"/> to <input type="text"/> / <input type="text"/> / <input type="text"/>
E7	Address	<input type="text"/>
		<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"/> to <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	<input type="text"/>
F2	date used from	<input type="text"/> / <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> / <input type="text"/>
F3	Previous surname	<input type="text"/>
F4	date used from	<input type="text"/> / <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> / <input type="text"/>
F5	Previous forename	<input type="text"/>
F6	date used from	<input type="text"/> / <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> / <input type="text"/>
F7	Previous forename	<input type="text"/>
F8	date used from	<input type="text"/> / <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> / <input type="text"/>

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

