

REVISED ACCESSNI DISCLOSURE CERTIFICATE APPLICATION FORM (DCAF 07/10)

(The old AccessNI Disclosure Certificate Application Form (DCAF) has been replaced by a revised AccessNI Disclosure Application Certificate Form (DCAF 07/10) with effect from 9 July 2010)

TEMPORARY AND CASUAL EMPLOYEES/VOLUNTEERS

NAME: _____

POST: _____ LOCATION: _____

The attached AccessNI (DCAF 07/10) Form:

- Has been designed to enable applicants to apply for both an Enhanced/Standard Disclosure Certificate or ISA Registration. However, ISA Registration is not yet available, therefore you are not required to complete Section C.
- Is used to carry out enhanced background checks on individuals seeking paid or unpaid work with children or vulnerable adults.
- Will replace the 'old' AccessNI DCAF with effect from 9 July 2010. (AccessNI will not accept the 'old' AccessNI DCAF after 9 July 2010).
- All existing old AccessNI DCAF forms must be discarded to avoid confusion.
- May be completed online and downloaded from the SELB's website www.selb.org

AS A NEW TEMPORARY/CASUAL EMPLOYEE/VOLUNTEER YOU ARE REQUIRED TO:

Please tick when complete

- Complete Parts B, D, E, F & G of the attached Form (in black ink)
- Provide valid ID documents to the person who asked you to complete this Form (See attached guidance)

PRINCIPAL/LINE MANAGER DECLARATION

I confirm that I have verified by use of photographic identification and supporting documentation, in line with the requirements of AccessNI, the identity of the above named person.

Signed: _____ Date: _____
(Principal/Line Manager)

Name: _____ (printed)
(Principal/Line Manager)

PLEASE RETURN THIS FORM TO: HUMAN RESOURCES BRANCH, SOUTHERN EDUCATION AND LIBRARY BOARD, 3 CHARLEMONT PLACE, THE MALL, ARMAGH, BT61 9AX

Any queries in relation to the completion of this Form should be directed to the Human Resources Branch on the following numbers:

028 3751 2492 – Direct line 028 37 51 2443 – Direct line

If you require a further supply of these forms please indicate the number required in the box.

GUIDANCE FOR COMPLETING THE DISCLOSURE CERTIFICATE APPLICATION FORM (DCAF 07/10)

Please read the following carefully before completing the Form. Failure to complete the Disclosure Certificate Application Form correctly may result in a delay or the Form being returned unprocessed. A 'Quick Guide for Completing: Enhanced Disclosure Application Form' is available at www.accessni.gov.uk/enhanced_application_guidance.pdf

DO'S AND DON'TS FOR COMPLETING THE APPLICATION FORM

<ul style="list-style-type: none"> ✓ Do use black ink throughout or alternatively you may wish to complete the form online, download and sign and return to the person who asked you to complete this form. ✓ Do use one letter or number for each box ✓ Do draw a line through a mistake, and correct it to the right ✓ Do mark choices in the box with a cross ✓ Do return your completed Application Form to Human Resources Branch, The Southern Education and Library Board, 3 Charlemont Place, The Mall, Armagh, BT61 9AX ✓ Do ensure all relevant areas are completed and all relevant boxes marked ✓ Do keep all print within boxes provided 	<ul style="list-style-type: none"> x Don't use correction fluid to correct mistakes (if you do make a mistake, draw a line through it and enter the correct information to the right) x Do not fold this form
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Please return the completed form to:

Human Resources Branch, The Southern Education and Library Board, 3 Charlemont Place, The Mall, Armagh, BT61 9AX
after ID documents have been verified by the Principal of the school to which you have been appointed

Proving your identity

You will be asked to produce several documents to prove your identity. In all cases the person who asked you to complete this Form (e.g. your prospective employer) must verify your identification, acceptable identity documents are listed below.

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 five documents from Group 2** must be produced. It is preferred that **at least** one of these documents includes photographic identification.

GROUP 1		GROUP 2	
<input type="checkbox"/>	Valid Passport	<input type="checkbox"/>	Marriage certificate/ Civil Partnership Certificate
<input type="checkbox"/>	UK Driving Licence Full or Provisional – England/Wales/Scotland/Northern Ireland/Isle of Man; either photocard or paper a photocard or paper (a Photocard is only valid if accompanied with the paper counterpart)	<input type="checkbox"/>	Non-original UK birth certificate (issued after 12 months of date of birth, full or short form acceptable)
<input type="checkbox"/>	Original UK birth certificate (issued within 12 months of date of birth, full or short form acceptable)	<input type="checkbox"/>	P45/P60 statement
<input type="checkbox"/>	Valid photo identity card (EU countries only)	<input type="checkbox"/>	Utility bill (electricity, gas, water, telephone – including mobile phone contract/bill)
<input type="checkbox"/>	UK Firearms licence	<input type="checkbox"/>	Valid TV licence
<input type="checkbox"/>	HM Forces ID card (UK)	<input type="checkbox"/>	Credit card statement
<input type="checkbox"/>	Adoption Certificate (UK)	<input type="checkbox"/>	Store card statement
<p>* documentation must be less than 3 months old</p> <p>** documentation must be issued within the last 12 months</p>		<input type="checkbox"/>	Mortgage Statement
		<input type="checkbox"/>	Valid insurance certificate
		<input type="checkbox"/>	Certificate of British nationality
		<input type="checkbox"/>	British work permit/visa **
		<input type="checkbox"/>	Asylum Registration Card
		<input type="checkbox"/>	AccessNI Disclosure Certificate
		<input type="checkbox"/>	Personal correspondence or a document from a Government Department *
		<input type="checkbox"/>	Bank or Building Society Document **
		<input type="checkbox"/>	Financial statement e.g. pension, endowment, ISA **
		<input type="checkbox"/>	Valid vehicle registration document
		<input type="checkbox"/>	Mail order catalogue statement*
		<input type="checkbox"/>	Court summons
		<input type="checkbox"/>	Valid NHS card
		<input type="checkbox"/>	Court Claim Form
		<input type="checkbox"/>	Addressed payslip*
		<input type="checkbox"/>	National insurance number card
		<input type="checkbox"/>	Examination certificate (e.g. GCSE, NVQ)
<input type="checkbox"/>	Letter from a Head Teacher*		
<input type="checkbox"/>	Child Benefit book		
<input type="checkbox"/>	Smartpass		

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

D2 Town / City

D3 County

D4 Country

D5 Postcode

D6 Lived at this address since /

Please give details of a preferred Delivery Address (if different from above).

D7 Delivery address

D8 Town / City

D9 County

D10 Country

D11 Postcode

PART E Address history

If you have lived at the address at D1-D4 for less than 5 years please provide details of all your previous address(es) 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.

E1 Address

E2 Town / City

E3 County

E4 Country

E5 Postcode

E6 Lived at this address from / to /

E7 Address

E8 Town / City

E9 County

E10 Country

E11 Postcode

E12 Lived at this address from / to /

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

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

For AccessNI use only

Please note that page 5 will be attached by the SELB (Human Resources Branch) prior to the form being forwarded to AccessNI.

