**Identity Verifier DBS 3C Form**

For use with the electronic DBS application process

*To be completed by the ID verifier in BLOCK CAPITALS:*

**Full name of Applicant (including middle names): ………………………………………………………..**

**Please state any previous names (including middle names and maiden names) AND THE DATE THE APPLICANT WAS KNOWN BY THESE NAMES – DAY, MONTH & YEAR.**

**………………………………………………………………………………………………………..**

**Parish / Church / Religious Order / Organisation: ------------------------------**

**All roles applicant will undertake:**

**Applicant’s email address: …………………………………………………………………………………………….**

**Applicant contact telephone number: ……………………………………………………………………………..**

**Applicant’s National Insurance Number: ………………………………………………………………………….**

**Applicant’s Date of Birth: ………………….…………………………………………………………………………..**

**Applicant’s current address: …………………………………………………………………………………………..**

**Applicant has lived here since. Please state DAY, MONTH & YEAR. ………………………………….**

**Previous address(es) if they have lived at their current address for less than 5 years. For dates, please state DAY, MONTH & YEAR**

**Previous Address: Date from: Date to:**

**Please continue on separate sheet to provide full 5 year history.**

**Documents provided for verification:**

**(Please state the documents you are verifying)**

**Document 1: ……………………………………………………………………………………………………………**

**Document 2: ……………………………………………………………………………………………………………**

**Document 3: ……………………………………………………………………………………………………………**

**Document 4: ……………………………………………………………………………………………………………**

**Document 5: ………………………………………………………………………………………………….**

**Please tick to confirm:**

|  |  |
| --- | --- |
| **I confirm that the applicant has provided sufficient evidence / explanation to prove ALL their name changes.** |  |
| **At least one document provided contains a date of birth.**  |  |
| **At least one document provided contains a current address.** |  |
| **At least one document provided confirms the applicant’s current full name.** |  |
| **I confirm that I have seen the original identity documents as indicated above and have obtained photocopies.** |  |

**ID Verifier’s Full Name:………………………………………………………………………………………………..**

**Name of Parish (include town)/Religious Order or Organisation: ……………………………………………**

**Position: …………………………………………………………………………………………………………………**

**Signed: ……………………………………… Date: …………………………………………………………….**

**To be completed by the applicant & HANDSIGNED:**

**I consent to my data being processed online by a secure third-party data processor for the purpose of my DBS application.**

**I understand if I do not consent to an electronic result being issued to the registered body submitting my application that I must not proceed with my application.**

**I understand that to withdraw my consent whilst my application is in progress I must contact the DBS helpline 03000 200 190. My application will then be withdrawn.**

**Please tick to give consent to be registered with the update service as part of this application process (applicable to volunteers only)**

**Name: ……………………………………………………………………………………………………………………**

**Signed: …………………………………….. Date: ……………………………………………………………….**