

eDBS Manager Verification Form

The purpose of this form is to confirm details of the evidence the applicant has provided to you as proof of identity in support of their

A DBS application should only be completed where the 'position applied for' satisfies the definition of Regulated Activity. From Sept 2012, there are 2 new definitions of Regulated Activity - one for work with children and one for work with adults. Where a role meets the new definition, there is entitlement to an enhanced DBS and barred list check. Any role that does not meet the new definition, but previously met the old definition of regulated activity will be entitled to an enhanced DBS without a barred list check. To request a barred list check you should answer 'yes' to the questions below relating to working with children or adults as appropriate.

Please ensure that you complete all mandatory data fields (these are marked with an asterisk). There is guidance text at the right hand Please do not save the form locally as you should always download the form from the website or as directed. We can only accept the

Responsible Manager - Section A		Guidance
1. Designated Line Manager	*	<p>1a. Company contact name for DBS issues</p> <p>2a. Job Title for person above</p> <p>3a. Company Name - Note Maximum 60 Characters.</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>3. Address details for company</p> <p>4a. Record as shown here</p> <p>5a. Record as shown here</p> <p>6a. Record as shown here</p> <p>7a. Name of person verifying evidence and contact details. Please note the name of the verifier will in most cases be the same person as the Company contact. However for new operators, sole traders or family members, verification must be carried out by an authorised person.</p> <p>See authorised contact list</p>
2. Position	*	
3. Organisation Name	*	
3. Address Line 1	*	
3. Address Line 2	*	
3. Town/City	*	
3. County	*	
3. Postcode	*	
4. Directorate	*	
5. Service	*	
6. Cost Code	*	
Contact Telephone Number	*	
Contact Email	*	
Responsible Verifier		
7. Verifier Name	*	
7. Contact Email	*	
7. Contact Telephone Number	*	
Applicant Details Section B		
First Name	*	<p>Please ensure the details recorded in this section exactly match the evidence seen.</p> <p>Please complete if the applicant has changed their name.</p>
Middle Name	*	
Surname	*	
Previous Surname	*	

Current Address			
Address Line 1		*	<p>You are required to verify the applicant's current address details from the evidence provided in order to establish their identity. Please visit the link below for further information.</p> <p>http://www.northyorks.gov.uk/crb</p>
Address Line 2		*	
Town/City		*	
County		*	
Postcode		*	
Nationality		*	<p>You are required to check if the applicant is a foreign national therefore may require a certificate of good conduct. Please visit the link above for further information.</p>
Date of Birth		*	
NI Number		*	<p>National Insurance Number must be in the format AB123456C.</p>

CRB Details	Section C		
1. Position Applied for		*	<p>1c. Use either: Driver School Social Care or Pass Asst School Social Care</p>
2. Check Level	Enhanced	*	<p>2c. ENHANCED</p>
3. Have you confirmed the applicants identity?		*	<p>3c. You must confirm identity to be able to answer Yes Please click here to view a list of the acceptable evidence.</p>
4. Have you confirmed the applicants current address and previous address history?		*	<p>4c. You are required to verify the applicant's current address details in order to establish their identity. You are required to check the applicant's address history to cover a period of at least 5 years. The purpose is to establish whether the applicant has lived abroad at any time. In this situation, the applicant must provide a certificate of good conduct to cover this period. Please visit www.northyorks.gov.uk/crb for further information.</p>
5. Is the applicant a free of charge volunteer?		*	<p>5c. If the applicant is being paid for the role they are being DBS checked - they are not a volunteer</p>
6. Will the applicant be working with children?	Yes	*	<p>6c and 7c. Must answer Yes to both questions regarding working with children or vulnerable adults</p>
7. Will the applicant be working with adults?	Yes	*	

Verifier's Declaration			
I confirm I have seen original documents in support of this application			
Print Signature		*	
Date		*	

Yes
No

Standard	
Enhanced	
OFFICIAL USE ONLY	
Applicant ID Number	