

**Determination of the form and manner of an application under section 120(2) of the Police Act 1997.**

Scottish Ministers determine that the form and manner of an application to Disclosure Scotland for:

- inclusion in the register held under section 120(2) of the Police Act 1997 is made on paper.

The form and manner of the application is determined in Annex 1.

This is the form and manner for paper applications under section 120(2) of the Police Act 1997.  
 This form is published for determination purposes only and as such this form cannot be downloaded for use.

ANNEX 1

PROTECT – PERSONAL (WHEN COMPLETED)

### Supporting Statement (continued)

PART I Supporting Statement (Read Note I)

#### Function/Purpose of Organisation

**Q22** Please provide a brief description of the function or purpose of your organisation, with specific reference to those which relate to your ability to obtain Standard or Enhanced Disclosures or PVG disclosure records.


**Q23** If you require additional space use a separate piece of paper and cross (X) this box.

**Q24** Please provide types of positions you will be requesting checked together with the required level of check(s). You should also explain why you believe you are able to obtain checks for such positions.

**Q25** If you require additional space use a separate piece of paper and cross (X) this box.

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PROTECT – PERSONAL (WHEN COMPLETED)



Protecting Vulnerable Groups Scheme

safer scotland  
WITHIN GOVERNMENT

### Disclosure Registration Application

**FOR OFFICIAL USE ONLY**

- PLEASE REFER TO THE ACCOMPANYING GUIDANCE NOTES AS YOU COMPLETE THE FORM.
- Please print in CAPITAL letters within the white boxes and do not make a mark on any other part of the form. We recommend you use blue or black ink.
- See our website [www.disclosure Scotland.gov.uk](http://www.disclosure Scotland.gov.uk) for assistance.
- Alternatively, email [info@disclosure Scotland.gov.uk](mailto:info@disclosure Scotland.gov.uk) with any questions, or phone the help line on 0870 809 8008 (Fax 0870 809 8998).
- Mandatory fields are highlighted in yellow. You must provide information in these fields or your application will be delayed.
- Please make a note of the Barcode Number at the top to assist with any future query.

#### PART A Type of Application (Read Note A)

**A1** Cross (X) one box only. Initial Registration  Add Registered Person or Countersignatory

#### PART B Organisation Details (Read Note B)

PART B must be completed by the Registered Person or prospective Registered Person for the Organisation.

**B1** Organisation Name

**B2**

**B3** Registered Body Code (Leave blank for initial application)

**B4** Will you be countersigning applications on behalf of another organisation? Yes  No

#### PART C Registered Person or Countersignatory Details (Read Note C)

**C1** Are the details provided below for the Registered Person of the organisation? Yes  No

#### Business Contact Details

**C2** Position in Organisation

**C3** Contact Phone No.

**C4** Contact Fax No.

**C5** Do you have an email address? Yes  No  If 'Yes', enter details below.

**C6** Email Address

**C7**

#### Business Address

**C8** Address (Number, Street)

**C9**

**C10** Post Town

**C11** County

**C12** Post Code

#### Name(s)

**C13** Title Mr  Mrs  Ms  Miss  Other

**C14** Present Surname

**C15** Present Forename(s)

**C16**

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### Registered Person or Countersignatory Details (continued)

**Name(s) (continued)**

**C17** Are you now, have you ever been, or were you at birth known by a different name? Yes  No  If 'Yes', enter details below.

**C18** Surname

**C19** Forename(s)

**C20**

**C21** Surname

**C22** Forename(s)

**C23**

**C24** If you require more space use a separate piece of paper and cross (X) this box.

**C25** Mother's Maiden or Family Name

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**Birth Details**

**G26/C27** Date of Birth DD / MM / YYYY Gender Male  Female

**G28** Town of Birth

**G29** Country of Birth

**G30** Nationality

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**Additional Information**

**G31** Do you have a UK National Insurance Number? Yes  No  If 'Yes', enter details below.

**G32** National insurance No.

**G33** Do you have a Passport? Yes  No  If 'Yes', enter details below.

**G34** Full Passport No.

**G35** Country of Issue

**G36** Do you have a Driving Licence? Yes  No  If 'Yes', enter details below.

**G37** Driving Licence No.

**G38** Country of Issue

**G39** Do you have a National Identity Card? Yes  No  If 'Yes', enter details below.

**G40** National Identity Card No.

**G41** Country of Issue

**G42** National Entitlement Card No.

**G43** Electricity Supplier No.

**G44** Are you now, or have you ever been a PVG Scheme Member? Yes  No  If 'Yes', enter details below.

**G45** PVG Scheme ID

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### Supporting Statement

**PART I Supporting Statement (Read Note I)**

**This PART is only to be completed for initial Registration Applications. This PART must be completed by the prospective Registered Person of the organisation.**

**I1** Companies House No.

**I2** Are you registered as a care service? Yes  No  If 'Yes', enter details below.

**I3** Organisation Name

**I4**

List the care services your organisation is registered to provide and the corresponding registration number.

**I5** Care Service

**I6** Registration No.

**I7** Care Service

**I8** Registration No.

**I9** Care Service

**I10** Registration No.

**I11** Care Service

**I12** Registration No.

**I13** If you require additional space use a separate piece of paper and cross (X) this box.

**I14** Are you a registered charity? Yes  No  If 'Yes', enter details below.

**I15** Registered Charity No.

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Please provide an approximate number of Disclosure applications you will be submitting on an annual basis.

**I16** Police Act Disclosures

**I17** PVG Applications

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**Disclosure Policies**

You must have a policy on the secure storage, handling, use, retention and disposal of Disclosure information in place prior to submitting this application to evidence that the prospective Registered Person will comply with the Disclosure Scotland Code of Practice. A copy of this policy must be attached to this statement. A sample policy is available on the Disclosure Scotland website [www.disclosurescotland.co.uk](http://www.disclosurescotland.co.uk)

Disclosure Scotland recommends as best practice that you have the following policies in place (where relevant). Please confirm if you have these policies and provide copies.

**I18** Recruitment of Ex-offenders Yes  No  If 'Yes', please provide a copy.

**I19** Child Protection Policy Yes  No  If 'Yes', please provide a copy.

**I20** Protected Adult Policy Yes  No  If 'Yes', please provide a copy.

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ANNEX 1

PROTECT – PERSONAL (WHEN COMPLETED)

### Declaration, Countersignatory Checklist and Authorisation

**PART D Declaration (Read Note D)**

**This PART must be completed by the individual who completed PART C.**

I confirm that I am likely to ask exempted questions within the meaning of the Rehabilitation of Offenders Act 1974, or to countersign applications under section 113A or 113B of the Police Act 1997, or to make declarations in relation to disclosure requests made under sections 52 or 53 of the Protection of Vulnerable Groups (Scotland) Act 2007.

I understand the following:

- Disclosure Scotland will use the information I have given to verify my identity and to check and process this application. Disclosure Scotland will use this information and any other information relating to my registration for the purposes of its functions under the Police Act 1997 or the Protection of Vulnerable Groups (Scotland) Act 2007, for the purposes of prevention or detection of crime and for other related purposes. Disclosure Scotland will continuously monitor and update the information it holds about me.
- Disclosure Scotland will use my signature below to check the countersignature on disclosure applications.
- Disclosure Scotland may pass the information it holds about me to other Government departments or organisations, the police and other law enforcement agencies for the purposes of its functions under the Police Act 1997 or the Protection of Vulnerable Groups (Scotland) Act 2007, for the purposes of prevention and detection of crime and of the apprehension and prosecution of offenders and for other related purposes.

I declare that the information I have given is complete and correct. I understand that to knowingly make a false statement in this application is a criminal offence. I will give any additional information that may be required to verify the information given and will immediately notify any changes to this information. I have read, understood, and will comply with the terms of the Code of Practice.

**D10D2** Signature: PLEASE KEEP SIGNATURE WITHIN BOX Signature Date: DD / MM / YYYY

**PART E Countersignatory Checklist (Read Note E)**

**E1** If you wish to add additional Countersignatories to this application, complete a separate Disclosure Registration Application form for each Countersignatory and state how many additional forms you have completed in these boxes:

**PART F Authorisation (Read Note F)**

**This PART is to be completed by the Registered Person or prospective Registered Person where this application is to add a Countersignatory.**

**F1** Registered Person Name

**F2** Registered Person Code  (Leave blank for initial application)

**Confirmation of Identity**

The Registered Person must satisfy themselves as to the identity of the prospective Countersignatory. A minimum of three forms of identity must be checked; if possible, one of which should be photographic. These should confirm the name, the date of birth and the current home address of the prospective Countersignatory. Cross the appropriate boxes below to confirm what has been checked.

**F3** Birth Certificate  Passport  Driving Licence (with photograph)  Driving Licence (without photograph)  National ID Card  National Entitlement Card  Other

If 'Other' then please state the form of identification seen.

**F4**

**F5**

**F6** Authentication Reference No.

**Declaration**

I understand the following:

- Disclosure Scotland will use the information I have given to check and process this application. Disclosure Scotland will use this information for the purposes of its functions under the Police Act 1997 or the Protection of Vulnerable Groups (Scotland) Act 2007, for the purposes of prevention or detection of crime and for other related purposes.
- Disclosure Scotland may pass the information to other Government departments or organisations, the police and other law enforcement agencies for the purposes of its functions under the Police Act 1997 or the Protection of Vulnerable Groups (Scotland) Act 2007, for the purposes of prevention and detection of crime and of the apprehension and prosecution of offenders, and for other related purposes.

I declare that the information I have supplied is complete and correct. I understand that to knowingly make a false statement in this application is a criminal offence. I will give any additional information that may be required to verify the information given and will immediately notify any changes to this information.

**F7/F8** Signature: PLEASE KEEP SIGNATURE WITHIN BOX Signature Date: DD / MM / YYYY

The signature you supply here will be checked against the sample you supplied on the Registration application.

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### Invoice Manager Details

**PART G Invoice Manager Details (Read Note G)**

To be completed by the Registered Person or prospective Registered Person.

**G1** Do you require an Invoice Manager for the organisation? Yes  No  If 'Yes', enter details below.  
 (This is the person whom you wish the invoice to be sent to if different from the Registered Person.)

**Business Contact Details**

**G2** Title Mr  Mrs  Ms  Miss  Other

**G3** Surname

**G4** Forename(s)

**G5**

**Business Address**

**G6** Address (Number, Street)

**G7**

**G8** Post Town

**G9** County

**G10** Post Code

**Business Contact Information**

**G11** Contact Phone No.

**G12** Contact Fax No.

**G13** Email Address

**G14**

**G15** Position in Organisation

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