402

Disclosure Application Form

CRB
Criminal Records Bureau

An Executive Agency of the Home Office

PO Box 110, Liverpool L3 6ZZ

CAPITA EDUCATION RESOURCING
WALSH COURT
10 BELLS SQUARE
SHEFFIELD
SOUTH YORKSHIRE
S1 2FY

265330

Form Ref
F0023297427

Disclosure Type

Please complete sections A-H in BLOCK CAPITALS; it is important that you use BLACK INK. The Disclosure Application Form Guidance Notes will help you complete this form, however, if you need additional help please contact the application line on 0870 90 90 844

A Applicant's details

1	Title	Mr [ ] Mrs [ ] Miss [X] Ms [ ] Other
2	Surname	SMITH
3	Forename(s)	JANE ANNE
4	Current address	15 JOHNS AVE
5		STONES CORNER
6	Town/City	BRISBANE
7	County	QUEENSLAND
8/9	Postcode	4120 At current address since 082005 (month and year)
10/11	Date of birth	15061980 Male [ ] Female [X]
12	National Insurance number	

B Details of position for which Disclosure is being requested

13	Position applied for	TEACHER
14	Organisation name	CAPITA EDUCATION RESOURCING
	Organisation address	
15	Address	MERIDIAN HOUSE
16		ROYAL HILL
17	Town/City	GREENWICH
18	County	LONDON
19	Postcode	SE10 8RG

C Additional personal details

20	Surname at birth (if different)	BROWN
21	Used until	2006 (year)
22	Any other surname used	
23/24	Used from	YYYY used to YYYY (year)
25	Any other forename(s) used	
26/27	Used from	YYYY used to YYYY (year)
	Place of Birth	Please enter town/city names and county/district names in full as recorded on your Birth Certificate
28	Town/City	BRISBANE
29	County/District	QUEENSLAND
30/31	Born in the UK	Yes No X If no, please state country AUSTRALIA
32	Nationality	AUSTRALIAN
33	Home telephone number	0733961246
34	Work telephone number	0735486211
35	Preferred contact number and time	0409422333 ANYTIME

D Previous addresses

Provide your most recent addresses where you have lived the last 5 years, use continuation sheet if necessary

36	Address	30 CANON LANE
37		STONES CORNER
38	Town/City	BRISBANE
39	County	QUEENSLAND
40/41	Postcode	4120 Country AUSTRALIA
42/45	Period at previous address	From date 031999 To date 072005 (month and year)

E Additional information

This information will help us to process your application more quickly

46	Current marital status	Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Other ☐
47	Number of financially dependent children under age 18	
48/49	Bank/Building Society account	Sort code Account number
50	Employment status Cross ONE box only	Employed ☐ Self Employed ☐ Part-time Employed ☐ Unemployed ☐ Student ☐ Other ☐
51	Occupancy status Cross ONE box only	Owner occupier ☐ Joint occupier ☐ Living with parent ☐ Renting ☐ Other ☐
52	Mother's maiden name	

F Referee details

Please provide details of an appropriate referee who has known you professionally or personally for at least 2 years

53 *Title* *Mr* ☐ *Mrs* ☐ *Miss* ☐ *Ms* ☐ *Other*

54 *Referee surname*

55 *Referee forename(s)*

56 *Referee occupation*

57 *Home address*

58

59 *Town/City*

60 *County*

61 *Postcode*

62 *Home telephone number*

63 *Relationship to applicant* *Parent/Guardian* ☐ *Other* ☐

64 *Number of years known*

G Payment

65

H Applicant declaration and consent

After you have checked the information provided in Sections A-G, please complete Section H and sign the application form in the space(s) provided.

66 ***Do you have any unspent criminal convictions?*** *Yes* ☐ *No* ☒

67 ***Please cross this box if you have supplied additional information with this application*** ☐

68 **Declaration by Applicant**
I confirm that the information that I have provided in support of this application is complete and true and understand that knowingly to make a false statement for this purpose is a criminal offence.

Signature of applicant
(please sign in the box provided)

J A Smith

69 **Consent of Applicant**
I consent to the CRB checking the details I have provided in support of this application against the data sources specified in the notes for guidance, in order to verify my identity and process this application. These details may be recorded and used to assist other organisations for identity verification purposes.

Signature of applicant to indicate consent
(please sign in the box provided)

70 ***Date of Application*** 15 03 2007

After you have signed the form please send it to the person who asked you to apply for a Disclosure - DO NOT return the form to the CRB at this stage.

SECTIONS X-Z MUST NOT BE COMPLETED BY APPLICANT

X Evidence of identity seen by the employer/volunteering organisation/Registered Body

(Please refer to the Code of Practice and your guidance notes)

1/2 *Passport number* — *Date of birth* DDMMYYYY

3/4 *Nationality* — *Issue date* DDMMYYYY

5/6 *Driving licence number* — *Date of birth* DDMMYYYY

7/8 *Licence type* — *Paper* ☐ *Photocard* ☐ — *Licence valid from* DDMMYYYY

9 *Country of issue* — *UK* ☐ *Other*

10/11 *Birth Certificate Date of Birth* DDMMYYYY — *Issue date* DDMMYYYY

12 *Country of issue* — *UK* ☐ *Other*

13/14 *Marriage Certificate Issue date* DDMMYYYY — *P45 or P60 National Insurance number*

15 *Current address details checked against documentation* *Yes* ☐

16 *Evidence seen and checked by* — *Name*

Y Statement by Registered Person

(Please refer to the Code of Practice and your guidance notes)

1/2 *Registered Body number* 20639500008 — *Countersignatory number*

3/4 *The position involves working with children* ☐ — *The position involves regular contact with vulnerable adults* ☐

5 *The category code for this position is*

6/7 *The level of criminal record check required in respect of this application is* — *Standard* ☐ *Enhanced* ☐

8 *Registered Body to pay* — *On account* X — *Payment enclosed* ☐ — *Volunteer-no payment due* ☐

9 ***Declaration by Registered Person***
I certify that this application is for the purpose of asking an exempted question under the terms of The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and is made in accordance with all relevant legislation. I confirm that the requisite documentation and information has been supplied and checked in accordance with CRB guidance. I declare that the information I have provided in support of the application is complete and true and understand that to knowingly make a false statement for this purpose is a criminal offence.

Signature of Registered Person (please sign in the box provided)

10 *Date of countersignature* DDMMYYYY

Z Official use only

1 *Correct payment received* — *Cheque* ☐ *Postal order* ☐

2 *Examined by:*