



Access NI
PO Box 1085
Belfast
BT5 9BD

QUICK GUIDE FOR COMPLETING: STANDARD/ENHANCED /ENHANCED WITH BARRED LIST DISCLOSURE APPLICATION FORM

Please complete this Application Form in **CAPITAL LETTERS**, using black ink. Applicants must complete Parts B, C, D, and return the form to the Registered Body for completion of Parts A, E, F, and G.

Fields marked * are **mandatory** on the Form - failure to complete the relevant information will result in the form being returned unprocessed.

PART A – SERVICE REQUIRED

Registered Body must tick the box for the service required; all fields must be completed.

PART B – APPLICANT'S DETAILS

In this section you must complete all mandatory fields, also provide any relevant additional information regarding forenames/surnames used providing details of dates used. The approved 'Names Continuation Sheet' if required can be downloaded at <http://www.dojni.gov.uk/index/accessni/application-forms/namescontinuationsheet.pdf>

Other identifying details to be provided, where applicable, are national insurance number, driving licence number, a valid passport number, country of issue and nationality. Providing a contact number or email address will allow us contact you if we need any clarification on the information provided.

PART C – APPLICANTS CURRENT ADDRESS

It is important for you to include all addresses including postcodes you have resided at within the last 5 years, including the dates. Details of any student accommodation must also be provided. The approved 'Address Continuation Sheet' if required can be downloaded at <http://www.dojni.gov.uk/index/accessni/application-forms/addresscontinuationsheet.pdf>.

If you have a preferred delivery address that is different from your current address please include this, again making sure you include the full address and postcode.

PART D – DECLARATION BY APPLICANT

At this point you should review your application ensuring all information provided is accurate and complete. You must then sign and date your application; date of signature must not exceed three months prior to the date received by AccessNI. Please return this form to the relevant Registered Body for completion.

PART E – REGISTERED BODY INFORMATION

Position applied for and organisation name will appear on the Disclosure Certificate. The organisation name should be the same as recorded at Part A with the exception of where an organisation is an umbrella body applying for a certificate on behalf of another organisation. Should the position involve work being carried out at the home address of the applicant, E.g. Child-minder, Foster Carer and Adoptive Parent, the relevant box must be ticked. Other members of the household will also require to be checked.

Standard Disclosure Certificate - the disclosure must be required for the purposes of asking an exempted question. The subsequent 3 questions should be ticked as No.

Enhanced Disclosure Certificate - the disclosure must be required for the purposes of asking an exempted question and for a prescribed purpose. The subsequent 2 questions should be ticked as No.

Enhanced Disclosure Certificate with Barred List Check - the disclosure must be required for the purposes of asking an exempted question and for a prescribed purpose. The relevant list that requires to be checked must be ticked as Yes.

Applicants must be made aware of the level of disclosure being requested and advised when a check is being made against any of the barred lists.

More information in relation to the levels of disclosure can be found at www.nidirect.gov.uk/accessni

It is essential for the Registered Body to establish the true identity of the applicant by examining a range of documentation as set out in AccessNI guidance, and verify the information provided in Parts B, C and D. If you have a preferred reference which you would like to appear on the certificate please enter it here. Do not include your AccessNI countersignatory number.

PART F – PAYMENT

Registered Bodies must pay for disclosures on Account unless the application involves a check for a 'volunteer' position. Please refer to the AccessNI guidance at <http://www.dojni.gov.uk/index/accessni/acessni-policies-and-guidance/volunteers.htm> to ensure your organisation is entitled to apply for a free check.

PART G – REGISTERED BODY DECLARATION

Please read the declaration and sign and date the form. This is the Registered Body declaration that all documentation has been supplied and checked in accordance with AccessNI guidance. It must be an original signature and dated within three months from the date received by AccessNI.