

CATHOLIC CHURCH IDENTITY VERIFICATION FORM

We are very aware of the confidential nature of the information contained in this document, and wish to assure you that it will be treated in the utmost confidence, and handled strictly according to our Policy on Secure Storage, Handling, Use, Retention & Disposal of Disclosures and Disclosure Information. It will be seen only by the designated person responsible for your appointment and by the Diocesan or Conference of Religious Counter-Signatory who applies for the CRB Disclosure.

You must hand it to the designated person indicated to you at the time of your interview (new applicants) or CRB application (existing post-holders).

PLEASE REMEMBER TO SIGN THE FORM

In addition to this form, you are required to bring to interview a selection of documents so that your identity, name and, (for employees & office-holders only) qualifications can be verified. The documents will be photocopied and also used to complete your CRB Disclosure Application Form. You are required to produce **one** document from **Group 1** and **two** documents from **Group 2** **OR** **five** documents from **Group 2**.

1. Surname

2. All Forenames

3. All Previous Names

4. Date of Birth

5. Male/Female (Please circle)

6. Place of Birth (Town/County AND Country)

7. Present Address (including Postcode)

Postcode

8. **FOR EMPLOYEES & OFFICE HOLDERS ONLY**

Please provide below details of the professional qualification documentation presented:

Details of professional registration number e.g. CCETSW, DfES (or other professional body and any relevant numbers). State name of awarding body:

9. **FOR EMPLOYEES & OFFICE HOLDERS ONLY**

Can you confirm that the referees you have given on your application are:

(a) Your current or most recent employer Yes/No (Please circle)

(b) A person or persons able to give a professional opinion about your work/studies etc.
Yes/No (Please circle)

(c) Diocesan Bishop or Congregational Leader Yes/No (Please circle)

If No, please give details:

PLEASE ENSURE YOU SIGN AND DATE THIS FORM BELOW

DECLARATION

I am committed to protecting and safeguarding children, young people and vulnerable adults from abuse. I understand that to knowingly give false information or to omit information will be considered as a breach of trust and could result in my dismissal at any time in the future. I understand that if I am subsequently convicted of any criminal offence, I must declare this to my employer or (for volunteers) to the Child Protection Co-ordinator. I declare that the information I have given on this form is correct.

I confirm that the documents supplied as detailed overleaf are accurate and confirm my identity for CRB application and safe recruitment practice. I agree to these documents being photocopied for CRB verification purposes and understand they will be securely disposed of once the Disclosure Certificate is received.

I hereby give my permission for this form to be held securely and in strict confidence by the Child Protection Co-ordinator and retained for 100 years.

Signed:

Date:

ACCEPTABLE IDENTITY DOCUMENTS - Only original documents are acceptable.

To the Applicant - Please ensure that you complete reference numbers; dates of validity etc where requested and provide the original documents with this form

| Group 1 | | |
|---|-----------|--------------------------|
| Document | Supplied? | Confirmed by ID Verifier |
| <p>Passport. Please state Reference Number:</p> <p>Valid From: _____ Valid To: _____</p> <p>Still Valid? Yes / No (Please circle)</p> <p>Date of Birth stated on Passport: _____</p> | | |
| <p>Driving Licence (UK) (<i>Full or provisional</i>)</p> <p>England/ Wales/ Scotland/ Northern Ireland/ Isle of Man; either photocard or paper (a photo card is only valid if presented with the counterpart licence)</p> <p>Valid From: _____ State Reference Number: _____</p> <p>Date of Birth stated on Driving Licence: _____</p> | | |
| <p>HM Forces ID Card (UK)</p> <p>Valid From: _____ State Reference Number: _____</p> | | |
| <p>Adoption Certificate (UK)</p> | | |
| <p>EU Photo Identity Card</p> <p>Valid From: _____ State Reference Number: _____</p> | | |
| <p>Birth Certificate (UK)</p> <p>- issued within 12 months of date of birth – full or short form acceptable</p> <p>Valid From: _____ Country: _____</p> | | |
| <p>Firearms Licence (UK)</p> <p>Valid From: _____ State Reference Number: _____</p> | | |

| Group 2 | | |
|--|-----------|--------------------------|
| Document | Supplied? | Confirmed by ID Verifier |
| Marriage/Civil Partnership Certificate. Valid From: | | |
| Birth Certificate. Valid From: Country: | | |
| P45/P60 Statement (UK) ** | | |
| Bank/Building Society Statement * | | |
| Utility Bill* - electricity, gas, water, telephone – including mobile phone contract/bill | | |
| TV Licence ** | | |
| Credit Card Statement * | | |
| Store Card Statement * | | |
| Mortgage Statement ** | | |
| Insurance Certificate ** | | |
| Council Tax Statement (UK) ** | | |
| A document from Central/ Local Government/ Government Agency/ Local Authority giving entitlement (UK)*: e.g. from the Department for Work and Pensions, the Employment Service , Customs & Revenue, Job Centre, Job Centre Plus, Social Security | | |
| Financial Statement ** - e.g. pension, endowment, ISA | | |
| Vehicle Registration Document | | |
| Mail Order Catalogue Statement * | | |
| Court Claim Form (UK) ** - Documentation issued by Court Services | | |
| Exam Certificate e.g. GCSE, NVQ | | |
| Addressed Payslip * | | |
| National Insurance Card (UK) | | |
| NHS Card (UK) | | |
| Benefit Statement* - e.g. Child Allowance, Pension | | |
| Certificate of British Nationality (UK) | | |
| Work Permit/Visa (UK) ** | | |
| Connexions Card (UK) | | |

**documentation should be less than three months old*

***issued within past 12 months*

Provide where applicable, proof of change(s) in name(s) e.g. marriage certificate, deed poll certificate etc. where applicable **AND** Driving Licence **if essential to the post AND** Original certificates of relevant qualifications – **employees and office holders only.**

FOR OFFICE USE ONLY:

To be completed by the person in charge of the appointment procedure, and forwarded with photocopies of the identity documents seen, to the Counter-Signatory in the Diocese/CoR Counter-Signatory Office.

I confirm that I have seen the original identity/*qualification documents as indicated above and photocopies are attached.

Signed:

Name:

Position:

Diocese/Religious Congregation:

Date: