REQUEST TO WITHDRAW CONSENT TO PERMIT THE CATHOLIC CHURCH OF ENGLAND & WALES FROM CARRYING OUT ONLINE DISCLOSURE STATUS CHECKS

I hereby provide my signed instruction thereby withdrawing my consent for the Catholic Church of England & Wales; its affiliated bodies and its Safeguarding personnel to carry out online status checks in respect of my Disclosure.

Full name (please print): Date of Birth (to locate the correct record):	
	local Safeguarding Office; Employer ing Advisory Service (CSAS)
For Internal Use Only by relevant Safeguarding O	ffice/Employer
Date instruction to withdraw consent received:	
Request received by (staff name/office):	
National DBS Database record updated:	