**Confirmation of Identity Form DBS 3a**

*If you have a disability that may make the completion of this form difficult, it can be completed by someone on your behalf however you are required to sign and date the form.*

To be completed by the Applicant in BLOCK CAPITALS using black ink: Name of Applicant:

Parish / Religious Order / Organisation:

Church (if applicable):

Declaration (please read, sign and date)

* **In the spirit of the Church’s commitment to protect and safeguard the vulnerable in our communities, I understand that to knowingly provide inaccurate information or omit information will be considered a breach of trust and may result in me being asked to step down from post.**
* **I am supplying sufficient documents to confirm my identity for a DBS application and safer recruitment practice. I agree to these documents being photocopied to confirm my identity for a DBS verification purposes and understand that they will be securely disposed of on receipt of a completed disclosure\*, (\*excepting as per Care Quality Commission (CQC) and Care Inspectorate Wales (CIW) requirements). Please see the following link for more information on the requirements:** [https://www.gov.uk/government/publications/handling-of-dbs-certificate- information/handling-of-dbs-certificate-information](https://www.gov.uk/government/publications/handling-of-dbs-certificate-information/handling-of-dbs-certificate-information)
* **I consent to the Catholic Safeguarding Advisory Service (CSAS) and its counter-signatories using external ID verification service for identification purposes where I cannot provide sufficient documents for a Route 1 check.**
* **I understand (in accordance with the Data Protection Act 2018) that this form will be held securely in accordance with the Catholic Church’s safeguarding record retention schedule.**
* **I declare that the information I have given on this form is correct.**

Signed: Dated:

To be completed by the ID Verifier in BLOCK CAPITALS using black ink: Applicant’s Name:

Applicant’s Date of Birth:

Applicant’s Current Address:

(To be completed by the ID Verifier) Documents provided for verification:



(Please state the documents you are verifying) Document 1:

Document 2:

Document 3:

Document 4:

Document 5:

***I confirm that the applicant has provided sufficient evidence/ explanation to prove ALL their name changes***

**(Please tick to confirm)**

At least one document provided contains a date of birth

At least one document provided contains a current address

At least one document provided confirms the applicant’s current full name

I confirm that I have seen the original identity documents as indicated above and have obtained photocopies

ID Verifier’s Full Name:

Name of Parish (include town)/Religious Order or Organisation:

Position:

Signed: Date: