**Identity Verifier DBS 3C Form**

For use with the electronic DBS application process

*To be completed by the ID verifier in BLOCK CAPITALS:*

**Full name of Applicant (including middle names): ……………………………………………........................**

**Please state any previous names (including middle names and maiden names) and the date the applicant was known by these names:**

**…………………………………………………………………………………………………………………..**

**Parish / Church / Religious Order / Organisation: ………………………………………………………………**

**All roles applicant will undertake: ………………………………………………………………………………….**

**……………………………………………………………………………………………………………………………..**

**Applicant’s email address: …………………………………………………………………………………………..**

**Applicant’s National Insurance Number: ………………………………………………………………………….**

**Applicant’s Date of Birth: ………………….…………………………………………………………………………**

**Applicant’s current address: ……………………………………………………………………………..**

**Applicant has lived here since: ……………………………………………………………………………………..**

**Previous address if they have lived at their current address for less than 5 years:**

**……………………………………………………………………………………………………………………………..**

**Date moved in: ……………………………… Dated moved out: ………………………………………………**

**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: …………………………………………………………….**

**To be completed by the applicant:**

**I consent to my data being processed online by a secure third-party data processor for the purpose of my DBS application.**

**I understand if I do not consent to an electronic result being issued to the registered body submitting my application that I must not proceed with my application.**

**I understand that to withdraw my consent whilst my application is in progress I must contact the DBS helpline 03000 200 190. My application will then be withdrawn.**

**Name: ……………………………………………………………………………………………………………………**

**Signed: …………………………………….. Date: ……………………………………………………………….**