

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:

Care Home / 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>
- I consent to the Catholic Safeguarding Standards Agency (CSSA) 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:

This form will be retained for 10 years and 1 day after the person leaves role or will be superseded by a new DBS 3a when a new application is processed, refer to document retention policy for further details.

(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 Care Home /Parish (include town)/Religious Order or Organisation:

Position:

Signed:

Date: