

Disclosure & Barring Service Check Application



Title: _____
Forename: _____
Middle Name/s: _____
Surname: _____
Previous Names (forename): _____
Previous Names (surname/s): _____
 From (MM/YY): _____
 To (MM/YY): _____
Town of Birth: _____
Country of Birth: _____
Birth Surname: _____
 (Used until – if changed) (MM/YY): _____
Nationality at Birth: _____
Current Nationality: _____

DOB: _____
Gender: _____
Mothers Maiden Name: _____
NI No: _____
Passport No: _____
Resident / Biometric Permit No: _____
 (*if applicable)
Position Applied For: _____

Are you currently subject to any criminal proceedings, convictions or cautions: YES NO

ADDRESS HISTORY: Please provide full address history for the past 5 YEARS (Most recent first)
 Please use a separate sheet for additional addresses and any further information.

Current Address: Line 1: _____ Line 2: _____ Full Postcode: _____	Dates From: Month: _____ Year: _____ Line 3: _____ Line 4: _____
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Previous Address: Line 1: _____ Line 2: _____ Full Postcode: _____	Dates From: Month: _____ Year: _____ Line 3: _____ Line 4: _____
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Previous Address: Line 1: _____ Line 2: _____ Full Postcode: _____	Dates From: Month: _____ Year: _____ Line 3: _____ Line 4: _____
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Please provide copies of your passport (and permit if applicable) along with a recent bank statement and utility bill for proof of address dated within the last 3 months.

*The Care Standards Act 2000 requires that a check be made on you with the Disclosure & Barring Service. The information provided in the subsequent disclosure will be considered prior to you being engaged with **The Locum Agency (TLA)** and may or may not affect your application. Failure to agree to apply for a disclosure to the Disclosure & Barring Service will result in **The Locum Agency (TLA)** being unable to accept your application.*

I confirm that the above information is true and I agree for **The Locum Agency (TLA)** to apply for a DBS Check on my behalf using the above information and permit The Locum Agency to inform a third party the details of my DBS Check in order to secure work on my behalf.

Print Name: _____ **Signed:** _____ **Date:** _____

Tel: 0800 321 3212 Fax: 01277 280 635 Email: info@thelocumagency.co.uk