

Disclosure & Barring Service Check Application

Surname:		Forenames:		Middle Name:	
Title:		Date of Birth:		Previous Names: Year from: to:	
Marital Status:		Date of Marriage:		Maiden Name:	
Town/City of Birth:		Country of Birth:		National Insurance Number:	
Current Nationality:	Nationality at Birth:	Passport No:	Visa details (if applicable):		Expiry date:
Birth Certificate No:			Home Office Letter Ref:		
Are you currently subject to any criminal proceedings, convictions or cautions: Yes No					
If yes, please specify:					

You must provide all the addresses where you have lived in the last 5 years. There must be no gaps in dates, however overlapping dates are acceptable. **All fields must be completed for each address**

Current Address:	

Town/City:	County:
Post Code:	Country:
From:	To:

Previous Address:	

Town/City:	County:
Post Code:	Country:
From:	To:

Previous Address:	

Town/City:	County:
Post Code:	Country:
From:	To:

Previous Address:	

Town/City:	County:
Post Code:	Country:
From:	To:

The Care Standards Act 2000 requires that a check be made on you with the Disclosure & Barring Service. Failure to agree to apply for a disclosure to the Disclosure & Barring Service will result in Proxycare being unable to accept your application. I confirm that the above information is true and I agree for Proxycare to apply for a DBS Check on my behalf using the above information. I consent to share the details of the DBS check with the third party in order to secure work on my behalf.

Print Name:	Signed:	Date:
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