

## ACCESSNI DISCLOSURE CERTIFICATE APPLICATION FORM (DCAF)

*(The Criminal Records Office of the PSNI will be replaced by a Single History Disclosure Body known as Access Northern Ireland (AccessNI) with effect from 1 April 2008)*

### TEMPORARY AND CASUAL EMPLOYEES/VOLUNTEERS

NAME: _____	
POST: _____	LOCATION: _____

**The attached AccessNI (DCAF) Form:**

- Is used to carry out enhanced background checks on individuals seeking paid or unpaid work with children or vulnerable adults.
- Will replace Form DOR02 with effect from 17 March 2008. (The Criminal Records Office will not accept Form DOR02 after 17 March 2008. You may use Form DCAF with effect from 17 March 2008).
- All existing DOR02 forms must be discarded to avoid confusion.

<b>AS A NEW TEMPORARY/CASUAL EMPLOYEE/VOLUNTEER YOU ARE REQUIRED TO:</b>	
	Please tick when complete
• Complete Parts B & C of the attached Form	<input type="checkbox"/>
• Provide valid ID documents to the person who asked you to complete this Form (See page 2 for guidance)	<input type="checkbox"/>
• Provide a full and detailed account of your address history for the last 5 years (see page 4). There should be no gaps or overlaps in the dates provided.	<input type="checkbox"/>
• Sign and date the declaration on page 5	<input type="checkbox"/>

<b>PRINCIPAL/LINE MANAGER DECLARATION</b>
I confirm that I have verified by use of photographic identification and supporting documentation, in line with the requirements of AccessNI, the identity of the above named person.
Signed: _____ Date: _____
(Principal/Line Manager)
<b>PLEASE RETURN THIS FORM TO:</b>
HUMAN RESOURCES BRANCH, SOUTHERN EDUCATION AND LIBRARY BOARD, 3 CHARLEMONT PLACE, THE MALL, ARMAGH, BT61 9AX

*Any queries in relation to the completion of this Form should be directed to the Human Resources Branch on the following numbers:*

**028 3751 2492 – Direct line      028 3741 5411 – Direct line**

**PLEASE NOTE THIS FORM:**

- May be downloaded from the SELB's website [www.selb.org](http://www.selb.org) or alternatively you may request a further supply of these forms. If so, please indicate the number required in the box.

**THIS FORM MUST NOT BE BACKED UP – SINGLE SHEETS ONLY**



## Proving your identity

You will be asked to produce several documents to prove your identity. ~~If you are applying for a Basic Disclosure only, you will only need to provide one document to verify your identity.~~ In all cases the person who asked you to complete this Form (eg your prospective employer) must verify your identification. Acceptable identity documents are listed below.

### Valid Identification Documents

Three documents must be produced in the name of the Applicant; **one from Group 1 and two from Group 2**. If this is not possible, then **five documents from Group 2** must be produced. It is preferred that **at least** one of these documents includes photographic identification.

#### Group 1

- Valid passport (any nationality)
- UK Driving Licence Full or Provisional – England/Wales/Scotland/Northern Ireland/Isle of Man; either photocard or paper (a photocard is only valid if accompanied with the paper counterpart)
- Original UK birth certificate (issued within 12 months of date of birth, full or short form acceptable)
- Valid photo identity card (EU countries only)
- UK Firearms licence
- HM Forces ID card (UK)
- Adoption Certificate (UK)

#### Group 2

- Marriage certificate/Civil Partnership Certificate
- Non-original UK birth certificate (issued after 12 months of date of birth, full or short form acceptable)
- P45/P60 statement
- Utility bill (electricity, gas, water; telephone – including mobile phone contract/bill)
- Valid TV licence
- Credit card statement
- Store card statement
- Mortgage statement
- Valid insurance certificate
- Certificate of British nationality
- British work permit/visa\*\*
- Asylum Registration Card
- AccessNI Disclosure Certificate
- Personal correspondence or a document from a Government Department\*
- Bank or Building Society Document\*\*
- Financial statement e.g. pension, endowment, ISA \*\*
- Valid vehicle registration document
- Mail order catalogue statement\*
- Court summons
- Valid NHS card
- Court Claim Form
- Addressed payslip\*
- National insurance number card
- Examination certificate (e.g. GCSE, NVQ)
- Letter from a Head Teacher\*
- Child benefit book
- Smartpass

\* documentation must be less than 3 months old

\*\* documentation must be issued within the last 12 months

## PART A Type of application

A1 Type of application    Basic     Standard     Enhanced     Cross (x) one box only

## PART B Personal details

B1 Title    Mr     Mrs     Miss     Ms     Dr     Other

If "Other" please give details

B2 Surname

B3 Forename(s)

B4 Name usually known by

B5 Surname at birth  
(if different)

used until  /  /

B6 Any other surname(s) used?

Yes

No

If Yes - give name(s)

and date(s) used from

 /  / 

used until

 /  / 

B7 Any other forename(s) used?

Yes

No

If Yes - give name(s)

and date(s) used from

 /  / 

used until

 /  / 

B8 Gender

Male

Female

B9 Date of birth

 /  / 

B10 Place of birth -

Town

Country

B11 Mother's maiden name

B12 National insurance number

B13 Driving licence number

B14 Passport number

B15 Home telephone number  
with STD code

B16 Preferred contact number

B17 e-mail address

**PART B Personal details** - continued

B18 **Current address**

B19 **Town / City**

B20 **County**

B21 **Postcode**

B22 **Lived at this address since**  /  /

B23 **Delivery address**  
*(if different from above)*

B24 **Town / City**

B25 **County**

B26 **Postcode**

**If you have lived at this address for less than 5 years please give all your previous addresses and dates of residence for the last 5 years below.**

*If your address history exceeds the space available, you may use an additional sheet. If you have to use additional pages please ensure that you add your name, address and date of birth at the top of each additional page.*

**My previous addresses over the last 5 years were -**

B27 **Address**

B28 **Town / City**

B29 **County**

B30 **Postcode**

B31 **Lived at this address from**  /  /  to  /  /

B32 **Address**

B33 **Town / City**

B34 **County**

B35 **Postcode**

B36 **Lived at this address from**  /  /  to  /  /

## PART C Declaration by Applicant

### Declaration by Applicant

Information you have supplied on this Form, and any other additional information you have supplied to support this application, may be passed to other government organisations and law enforcement agencies.

I declare that, to the best of my knowledge and belief, all of the information I have given in connection with this application is full and correct in every respect. I undertake to supply any additional information that may be required by AccessNI to verify the particulars given and also to inform AccessNI immediately of any alteration to these particulars.

**Warning** – It is an offence if you knowingly make a false statement for the purpose of obtaining, or enabling another person to obtain any level of Disclosure. The work of AccessNI includes checking that all the information given is genuine.

By signing below you are agreeing to the above conditions of application.

Signature of Applicant

Name (in CAPITALS)

Date


### Next Step FOR SELB EMPLOYEE/VOLUNTEER

~~For your disclosure~~ (Return this form with the required identification documents to the person who asked you to complete this form).

~~Identification (page 2) - Only if you are a self-employed person or a sole trader. For all other employees, please refer to the AccessNI website for more information.~~

### Standard and Enhanced Disclosures

You must return this Form to the person who asked you to complete it.

~~If you are paying for your Disclosure, please complete Part 2 of the form.~~

~~If the person who asked you to complete this Form is paying on your behalf, you should return the Form to them.~~

### SELB EMPLOYEE/VOLUNTEERS

Please note pages 6 – 9 will be attached by the Human Resources Branch prior to the form being forwarded to AccessNI.