



CCMS Circular 2010/17

23 November 2010

TO: Principals of all Catholic Maintained Schools

RE: Access NI Enhanced Disclosure Forms

COUNCIL FOR CATHOLIC MAINTAINED SCHOOLS

160 HIGH STREET

HOLYWOOD

BT18 9HT

TELEPHONE: 028 9042 6972

FAX: 028 9042 4255

Website: www.onlineccms.com

Dear Colleague

Re: Access NI Enhanced Disclosure Forms

Please find attached a revised Application Form for Standard/Enhanced Disclosures along with an ID Validation Form.

These forms have recently been updated by Access NI and I would ask that from today you would use these forms when seeking an enhanced disclosure on teaching staff, volunteers and governors.

A copy of the form can also be found on the CCMS website under Publications page and the heading CCMS Teachers and Schools.

If you require any further information in relation to this please do not hesitate to contact the Personnel Office on 028 90426972.

Yours faithfully

**ANGELA ARMSTRONG
PERSONNEL OFFICER (TEACHING)**

Encs

ID VALIDATION FORM



It is standard good recruitment practice for employers to satisfy themselves as to the identity of those applying for positions. Although AccessNI may in some cases conduct its own checks to confirm identity, there is no substitute for thorough identity checks by employers. Larger Registered Bodies that delegate responsibility for ID checking, or Umbrella Bodies who are assisting smaller organisations through the checking process, should ensure documentary evidence is validated, and that they indicate on the Disclosure Application Form (Part E), the checks have been made. Employers should seek to comply with the Guidance below. Organisations must also ensure they comply with Section 3 of the AccessNI Code of Practice.

Valid Identification Documents

Three documents must be produced in the name of the applicant; **one from Group 1 and two from Group 2 (see overleaf)**. 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.

Please use the attached form and tick the appropriate boxes to indicate what ID has been checked. Approved Counter Signatories must ensure that E8 and E9 of the Disclosure Application Form are completed. This ID Validation Form should be made available to AccessNI on request.

Name of applicant _____

Post Ref No (if applicable): _____ **Position:** _____

School Name: _____ **School Ref:** _____

I confirm I have seen the original ID documents as indicated on the attached sheet

Date ID check carried out: _____

ID checked by: _____

Print Name: _____ **Position:** _____

GROUP 1		GROUP 2	
<input type="checkbox"/>	Valid Passport	<input type="checkbox"/>	Marriage certificate/ Civil Partnership Certificate
<input type="checkbox"/>	UK Driving Licence Full or Provisional – England/Wales/Scotland/Northern Ireland/Isle of Man; either photocard or paper a photocard or paper (a Photocard is only valid if accompanied with the paper counterpart)	<input type="checkbox"/>	Non-original UK birth certificate (issued after 12 months of date of birth, full or short form acceptable)
<input type="checkbox"/>	Original UK birth certificate (issued within 12 months of date of birth, full or short form acceptable)	<input type="checkbox"/>	P45/P60 statement
<input type="checkbox"/>	Valid photo identity card (EU countries only)	<input type="checkbox"/>	Utility bill (electricity, gas,water,telephone – including mobile phone contract/bill)
<input type="checkbox"/>	UK Firearms licence	<input type="checkbox"/>	Valid TV licence
<input type="checkbox"/>	HM Forces ID card (UK)	<input type="checkbox"/>	Credit card statement
<input type="checkbox"/>	Adoption Certificate (UK)	<input type="checkbox"/>	Store card statement
<p>* documentation must be less than 3 months old</p> <p>** documentation must be issued within the last 12 months</p>		<input type="checkbox"/>	Mortgage Statement
		<input type="checkbox"/>	Valid insurance certificate
		<input type="checkbox"/>	Certificate of British nationality
		<input type="checkbox"/>	British work permit/visa **
		<input type="checkbox"/>	Asylum Registration Card
		<input type="checkbox"/>	AccessNI Disclosure Certificate
		<input type="checkbox"/>	Personal correspondence or a document from a Government Department *
		<input type="checkbox"/>	Bank or Building Society Document **
		<input type="checkbox"/>	Financial statement e.g. pension,endowment,ISA **
		<input type="checkbox"/>	Valid vehicle registration document
		<input type="checkbox"/>	Mail order catalogue statement*
		<input type="checkbox"/>	Court summons
		<input type="checkbox"/>	Valid NHS card
		<input type="checkbox"/>	Court Claim Form
		<input type="checkbox"/>	Addressed payslip*
		<input type="checkbox"/>	National insurance number card
		<input type="checkbox"/>	Examination certificate (e.g. GCSE, NVQ)
		<input type="checkbox"/>	Letter from a Head Teacher*
		<input type="checkbox"/>	Child Benefit book
		<input type="checkbox"/>	Smartpass



Application form: Standard / Enhanced Disclosure ISA Registration



Independent Safeguarding Authority

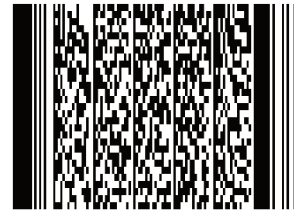
About this form

This form can be used to apply for an AccessNI Standard or Enhanced disclosure and/or to register with the Independent Safeguarding Authority [ISA]. If you are applying for an AccessNI disclosure and for ISA registration on this form, it must be for the same position – if not, two application forms must be completed.

Please complete this application form in CAPITAL letters and use black ink. Applicants must complete Parts B, C, D, E, F and G and return the form to whoever sent it to them for completion of Parts A, H, I and J.

If you require help completing this form you can visit our website on www.accessni.gov.uk where you will find step-by-step instructions in our Guidance. Alternatively you can call our helpline on (028) 9025 9100 or speak to the person who asked you to complete the form.

Completed forms should be posted to: **AccessNI
PO Box 1085
Belfast
BT5 9BD**



Failure to complete the form correctly may result in a delay or the form being returned unprocessed.

PLEASE WRITE CLEARLY IN THE BOXES PROVIDED (Continuation sheets are available from www.accessni.gov.uk).

AccessNI Reference (AccessNI use only)

PART A Service required - to be completed by (prospective) employer

A1 Standard (£26) Enhanced (£30) Enhanced / ISA (£58) ISA only (£58) (Cross 1 box only)

A2 Registered Body Name

A3 Registered Body No.

A4 Counter Signatory No.

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MF1	MF2	Sc1	Sc2

PART B Applicant's details

B1 Title Mr Mrs Miss Ms 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? No Yes *If 'Yes', please complete F1, if 'No' go to B7*

B7 Any other forename(s) used? No Yes *If 'Yes', please complete F5, if 'No' go to B8*

B8 Gender Male Female

B9 Date of birth

B10 Place of birth - Town
 Country

B11 National insurance number

B12 Driving licence number

B13 Do you hold a valid passport? No *If No, go to B17.* Yes *If Yes, complete B14, B15 and B16.*

B14 Passport number

B15 Nationality

B16 Country of issue

B17 Do you have an ISA registration number? No *If No, go to B19.* Yes *If Yes, complete B18.*

B18 ISA registration number

B19 Do you have a Scottish Vetting & Barring number? No *If No, go to B21.* Yes *If Yes, complete B20.*

B20 Scottish Vetting & Barring number

B21 Preferred contact number

PART C Application for Registration with ISA

C1 Are you applying for registration with ISA? No *If No, go to Part D.* Yes *If Yes, complete C2 - C5.*

C2 Do you intend to work, paid or unpaid, with *(Cross all that apply)* Children Vulnerable Adults

C3 Do you intend to work, paid or unpaid, in controlled activity with *(Cross all that apply)* Children Vulnerable Adults

C4 Are you applying as a free of charge volunteer? No Yes
By placing X in the Yes box at C4 I understand that I may be liable for payment at a later date should my employment status change.

C5 Security information - name of first school

For security reasons you may be asked to provide this, together with other personal information, when contacting AccessNI or ISA.

PART D Applicant's current and delivery address

Please give details of your current address. This is the address to which all correspondence will normally be sent.

D1 Current address

D2 Town / City

D3 County

D4 Country

D5 Postcode

D6 Lived at this address since //

Please give details of a preferred Delivery Address for the Applicant's Correspondence (if different from above).

D7 Delivery address

D8 Town / City

D9 County

D10 Country

D11 Postcode

PART E Address history

If you have lived at the address at D1-D5 for less than 5 years please provide details of all your previous address(es), including student accommodation, and dates of residence for the last 5 years. There must be no gaps in the dates; overlapping dates are acceptable. Please start with the most recent address and work backwards. If necessary, please use the approved Address Continuation Sheet – this is downloadable at www.accessni.gov.uk.

E1 Address

E2 Town / City

E3 County

E4 Country

E5 Postcode

E6 Lived at this address from / to /

E7 Address

E8 Town / City

E9 County

E10 Country

E11 Postcode

E12 Lived at this address from / to /

PART F Names history

This Section should only be completed if you have answered Yes to questions B6 or B7. You must provide details of your previous name(s), along with dates these names were used. There must be no gaps in the dates; overlapping dates are acceptable. Please use an additional page if necessary, clearly writing your current name at the top of the page.

F1	Previous surname	<input type="text"/>						
F2	date used from	<input type="text"/> /	<input type="text"/> /	<input type="text"/>	to	<input type="text"/> /	<input type="text"/> /	<input type="text"/>
F3	Previous surname	<input type="text"/>						
F4	date used from	<input type="text"/> /	<input type="text"/> /	<input type="text"/>	to	<input type="text"/> /	<input type="text"/> /	<input type="text"/>
F5	Previous forename	<input type="text"/>						
F6	date used from	<input type="text"/> /	<input type="text"/> /	<input type="text"/>	to	<input type="text"/> /	<input type="text"/> /	<input type="text"/>
F7	Previous forename	<input type="text"/>						
F8	date used from	<input type="text"/> /	<input type="text"/> /	<input type="text"/>	to	<input type="text"/> /	<input type="text"/> /	<input type="text"/>

Once you have completed Part F, please return to B8 to continue with this Form.

PART G Declaration by Applicant

By signing the applicant declaration box I confirm that the information that I have provided in support of this application is complete and true and I understand that knowingly to make a false statement for this purpose may be a criminal offence.

G1 Do you have any convictions? No Yes

G2 Signature of applicant (*please sign in box*)

G3 Date of signature

/

G4 Name (in CAPITALS)

Information you have supplied on this form, and any other additional information you have supplied in support of this application, may be passed to other Government organisations and law enforcement agencies.

You must now return this form to the person who asked you to complete it

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