

DBS CHECK APPLICATION FORM

APPLICANT DETAILS

Full Name: _____

Date of Birth: _____

Place of Birth: _____

Address: _____

Postcode: _____

Phone: _____

Email: _____

DBS CHECK TYPE

☐ Basic DBS Check

☐ Standard DBS Check

☐ Enhanced DBS Check

☐ Enhanced with Barred Lists

POSITION DETAILS

Job Title: _____

Department: _____

Start Date: _____

IDENTITY VERIFICATION

Document 1 Type: _____

Document Number: _____

Document 2 Type: _____

Document Number: _____

DECLARATION

I confirm all information is true and complete. I consent to this DBS check.

Applicant Signature: _____

Date: _____