**To be completed by the Applicant. It is a legal requirement that each Statement must be signed and agreed to separately.**

**Application Consent – DBS Application:**

I understand that a Standard or Enhanced DBS check is required for the post and give \*\*\*insert name of your Organisation\*\*\* express permission to obtain a DBS check on me.

………………………………….. …………………………………………… …………………………..

Name Signature Date

**Privacy Policy - Standard/Enhanced DBS checks declaration:**

I have read the Standard/Enhanced Check Privacy Policy for applicants https://www.gov.uk/government/publications/dbs-privacy-policies and I understand how the DBS will process my personal data and the options available to me for submitting an application.

………………………………….. …………………………………………… …………………………..

Name Signature Date

**Consent to obtain e-Bulk Standard/Enhanced check electronic result**

I consent to the DBS providing an electronic result directly to the registered body that has submitted my application. I understand that an electronic result contains a message that indicates either the certificate is blank or to await certificate which will indicate that my certificate contains information. In some cases the registered body may provide this information directly to my employer prior to me receiving my certificate.

………………………………….. …………………………………………… …………………………..

Name Signature Date

**Declaration by Applicant**

I confirm that I have provided complete and true information in support of this DBS application and understand that knowingly making a false statement for this purpose is a criminal offence. I confirm that I am not Barred to work with Children and/or Elderly, Ill or Disabled Adults in Regulated Activity.

………………………………….. …………………………………………… …………………………..

Name Signature Date

If you do not provide your consent to all of the statements above, a DBS application cannot be submitted and a DBS check cannot be obtained.