



## Section x - apply for DBS check

Complete this section to indicate what **level of DBS check** is required and what position the applicant will hold. Refer to the DBS website [www.homeoffice.gov.uk/dbs](http://www.homeoffice.gov.uk/dbs) for the list of categories for which a DBS check can be applied for.

- **Do not** complete section **x60**.
- Enter the **position applied for** in section **x61**. Only the first 30 characters will appear on the DBS certificate so ensure that the most relevant part of the job title is entered here.
- Enter the **employer** or the organisation for which the applicant will work in section **x62**.
- Select the **level of DBS check** required at **x63**. If you have selected **Standard**, go to **x67**. If you have selected **Enhanced**, you must complete the remainder of the section.
- Indicate whether you are entitled to know whether the applicant is barred from working with **children** or **adults** at **x64** and **x65**. Select **no**, if the question does not apply. You **must not** leave these fields blank if you have selected Enhanced.
- If you have not crossed the relevant box and the position requires a barring check, the completed DBS check will not show the relevant information.
- Indicate whether the applicant will be working at their home address at **x66**. This may include child minders or foster carers.
- You must indicate whether the check is for a volunteer at **x68** by crossing **yes** or **no**. If you do not indicate that you require a check for a volunteer, you will be charged for the application.

X apply for a DBS check

60 not used

61 position applied for

62 organisation name

63 level of DBS check

64 are you entitled to know whether the applicant is barred from working with children?

65 are you entitled to know whether the applicant is barred from working with adults?

66 does this position involve working with children or adults at the applicant's home address?

67 application type

68 is this application for a free of charge volunteer?

DO NOT USE

CHILD MINDER

CHILD CARE PRO

Please cross one box only

standard  If crossed go to x67

enhanced  If crossed go to x64

no  yes

no  yes

no  yes

application is for a new post holder

application is for an existing post holder

application is for an existing post holder who is being re-checked

no  yes

By placing a cross in the yes box, you confirm that the post meets the DBS definition of a free of charge volunteer application. Please note that DBS may recover the application fee if this box is marked in error and that this could result in the cancellation of your DBS registration.

## Section y - statement by registered person

- When all sections have been completed, you must sign the application. This signature confirms you have ensured that the requisite documentation has been supplied and checked, that the application satisfies the eligibility criteria for asking an exempted question or a prescribed purpose and that all information supplied is complete and true.
- Your Registered Body number is pre-printed in section **y69**. If this is not your organisation's number, you must submit the application on a form with your number printed on. **Do not amend this field.**
- Enter your countersignatory number in **y70**. The first six digits of your number will be the same as the first six digits of the Registered Body number, if these numbers are different the form was issued to a different Registered Body and you **must not complete the application form.**
- Do not amend the first six digits of this number.**
- Indicate whether you have payment on account in section **y71**. If you have selected **No**, you must enclose payment by cheque. **Please do not send debit or credit card details or cash.**
- Enter your signature in the box provided at section **y72**. If the applicant or ID checker has signed in error strike through and sign within the box.
- Enter the date you signed the application form in section **y73**.

**y** statement by registered person

69 registered body number 2 1 2 3 4 5 6 7 8 9 0

70 countersignatory number 2 1 2 3 4 5 6 7 8 1 1

71 do you have payment on account? no  yes  Please enclose payment if required

72 declaration by registered person

I confirm that the requisite documentation and information has been supplied and checked in accordance with DBS guidance. I declare that the information I have provided in support of the application is complete and true and understand that knowingly to make a false statement for this purpose may be a criminal offence. I certify that, where requested, an application for a DBS check is required for the purpose of asking an exempted question under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975; or for a prescribed purpose as defined in the Police Act 1997 (Criminal Records) Regulations 2002.

Signature of registered person  
(please sign within the box provided)

Counter-signature

73 date of countersignature 0 1 0 1 2 0 1 2

## What happens next?

Once you have ensured that all of the sections of the application form have been completed, you must:

- Complete the **verification boxes** in section **a** to ensure the application has been completed.
- Record the **Form Reference Number** from the front of the application form so that you can track the progress online at **[www.homeoffice.gov.uk/dbs-online-tracking](http://www.homeoffice.gov.uk/dbs-online-tracking)**.
- The tracking service is **free to use**. You are able to track multiple applications at a time.
- The application form, and any continuation sheets used, should be sent to the DBS for processing as soon as possible.