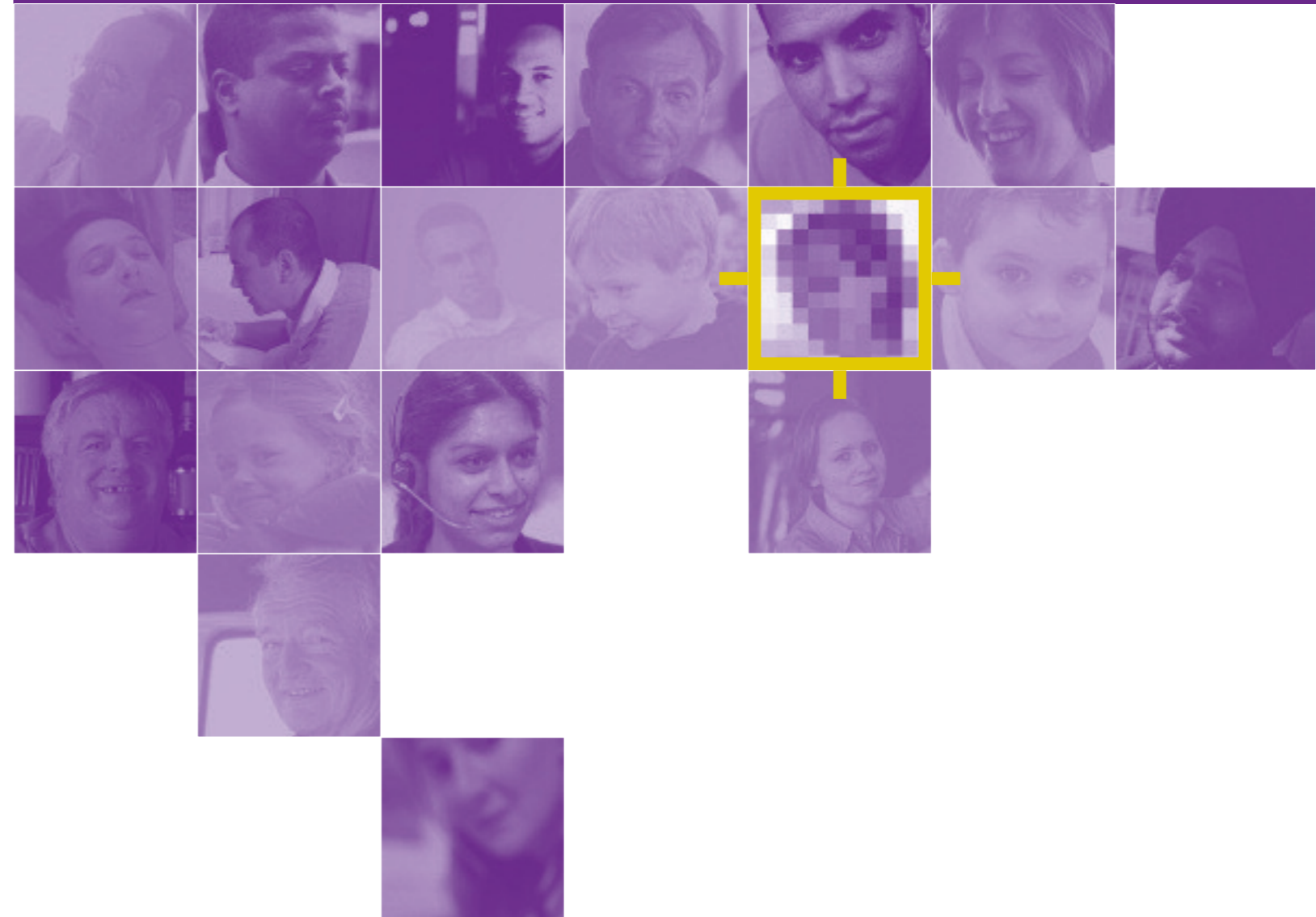


Guidelines for the Lead Countersignatory application form



Introduction

Introduction

This guidance includes two parts.

Part one contains guidance notes on how to register your organisation and nominate the Lead Countersignatory by completing the registration application form.

Part two contains guidance notes for the Lead Countersignatory on how to complete the final page of the Countersignatory application form to endorse additional Countersignatories within the organisation.

The information on the Lead Countersignatory and Countersignatory application forms is used to decide the suitability of ALL Countersignatories to have access to DBS Certificate information. All applicants for Countersignatory status are checked by the DBS to at least the level equivalent to an Enhanced check. In some cases, where appropriate, additional checks may be carried out. It will be the responsibility of Countersignatories to protect the security of sensitive personal information to which they have access and to determine and confirm that the role or position is one of which a DBS check may be obtained. The DBS is committed to compliance with the Data Protection Act of 1998. Your personal details will be held securely and will be seen only by those DBS staff who need to see them as part of their jobs.

Contact details:

Address: PO Box 3961, Wootton Bassett SN4 4HF
Application Line: 03000 200 190
Minicom: 03000 200 192
Website: www.gov.uk/dbs

Completing the Forms

Do's & Don'ts

Completing the forms

Please read the following instructions when completing the application form. Failure to do so may result in the application being rejected by the DBS and will delay your registration.

Do's

- Use **black ink** throughout and write clearly in **BLOCK CAPITALS** only.
- Use only one letter or number in each box.
- To correct a mistake on the form, put a line through it and write the correction clearly to the right. If there is no space on the right, then make a correction as close as possible.
- Items marked with an asterisk (*) are mandatory and must be completed where applicable, otherwise the form will be returned.
- Leave an empty box between words but not between postcodes or telephone numbers.
- Mark choices in the boxes indicated with a cross [X], not a tick.

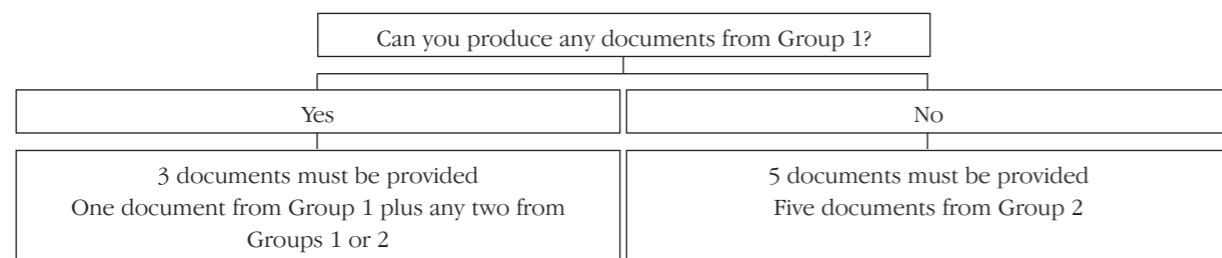
- Be sure to sign the declaration at Section F, Item 86, keeping your entire signature inside the box.
- Once you have completed your application form, you should send it to the DBS, along with original supporting identification documents, a self-addressed envelope and the appropriate payment.

Don'ts

- Don't write over the edges of the box.
- Don't place any stamps or stickers on the form i.e. featuring addresses or dates.
- Don't put a line through a section of the form or state a field is not applicable. If it is not relevant to the application then please leave it blank.
- Don't staple any attachments to the form.
- Don't use correction fluid.

Confirming identity

To register your organisation and apply to be the Lead Countersignatory our security standards require that you send original documents to the DBS to confirm your identity. The combination and suitability of documents required are illustrated in the diagram and documentation list below.



Please note: All documents must be in your current name. At least one document must show your current address; at least one document must show your date of birth; and at least one document must contain your signature. Please ensure the details in the documentation match those given on the application form. A list of valid identity documents can be found at www.gov.uk/dbs

Part 1 – Registration Application Form Guidance Notes for Lead Countersignatories

This should be completed ONLY by the designated Lead Countersignatory.

A. Organisation details

The fields marked with an asterisk () are mandatory and must be completed.*

Item No.	Description	Guidance Notes
1.*	Name line 1	If the organisation name is already correct (as shown within the address panel at the top of the application form), please leave this area blank. If your organisation is part of a larger organisation, authority, group/holding company, please provide its full name here.
2.	Name line 2	Only use this line if you require extra space to complete your organisation name details.
3.*	Established since	Please enter the year that the organisation (or parent) first commenced its activities.
4.*	Organisation name changes	If the organisation has previously carried out its activities under any other name, please provide details and dates operated under this name.
5.*	Category of organisation	Please refer to the following table, and enter the description that most closely describes your organisation.

Agriculture, Hunting and Forestry	Real Estate
Mining and Quarrying	IT Services
Oil and Gas Extraction	Research and Development
Manufacturing – Food and Tobacco	Legal Activities
Manufacturing - Textiles	Market Research
Manufacturing - Clothing	Business and Management Consultancy
Manufacturing – Leather Products	Holding Companies
Manufacturing – Wood Products	Property Consultancy Services
Manufacturing – Paper Products	Marketing and Advertising Services
Publishing and Printing	Recruitment and Personnel Services
Manufacturing/Processing Energy Products	Investigation and Security Activities
Manufacturing - Chemicals	Business Support Services
Manufacturing – Rubber and Plastics	Central Government Departments, Agencies and NDPB's
Manufacturing – Other Non-Metallic Products	Prisons and Probation Services
Manufacturing – Metal and Metal Products	Justice and Judicial Activities
Manufacturing – Machinery and Equipment	Local Government
Manufacturing – Electrical Products	Housing Association
Manufacturing - Jewellery	Police Services
Manufacturing – Transport Equipment	Fire Service Activities
Manufacturing – Furniture	Elementary Education
Energy Supply	Careers Service
Construction	Primary Education
Wholesale	Secondary Education
Retail	Further and Higher Education
Pharmacy	NHS and Related Services
Optician	Private Health Services
Hotel/Restaurant	Nursing Home
Transport and Storage	General Practice
Post/Telecommunications	Dentist
Finance/Insurance	Veterinary Practice
Accounting Services	Charity



Voluntary Organisation	Fair and Amusement Services
Childminding Services	Other Entertainment Services
Fostering and Adoption Services	Museums and Libraries
Membership Organisation, Trade Union, or Professional Body	Sports and Leisure Services
Religious Organisation	Gambling and Betting
Cinema	Hairdressing and Beauty Services
Radio and Television Services	Complementary Therapy
Theatre	Private Households with Employees
	Other (please state)

Item No.	Description	Guidance Notes
6.	Statutory registration no.	Please provide (if applicable) details of one statutory registration that can be formally validated by the DBS (e.g. Company Registration Number 123456; Registered Charity Number 234567; Local Authority Registered Number 345678).
7/8.	Association details	If applicable, please provide the name of the principle association or professional body that your organisation belongs to, together with any statutory registration/membership number issued by the association.
9/14.*	Main contact address	This should be the day to day contact address of the Lead Countersignatory. This cannot be a PO Box number or C/O address. This address will be used by the DBS to make contact with your organisation. <i>NB: if the organisation address details are already correct (as shown within the address panel at the top of the application form) please leave this area blank.</i>
15/20.	Address 2	This should be completed only if the registered address, or any separate headquarters address etc. is different from that referred to above as the main contact address. (Items 9 to 14)

B. Use of Disclosure

Item No.	Description	Guidance Notes
21.	Standard Disclosure	Please place a cross in the box that represents the approximate number of applications for Standard Disclosures your organisation expects to countersign during the first 12 months of registration.
22.	Enhanced Disclosure	Please place a cross in the box that represents the approximate number of applications for Enhanced Disclosures your organisation expects to countersign during the first 12 months of registration.
23.	Umbrella Body details	Please place a cross in the appropriate box to indicate whether or not your organisation intends to countersign on behalf of other employers or voluntary organisations who are entitled to ask exempted questions, but are not registered themselves. For more information about the role of an Umbrella Body please visit www.gov.uk/dbs .
24.	Number of Countersignatories	Please enter the total number of Countersignatories being registered as part of this application. (This will be the total number of Countersignatory application forms submitted by the organisation INCLUDING the Lead Countersignatory.)

C. Lead Countersignatory application details

Item No.	Description	Guidance Notes
25.*	Title of applicant Mr/Mrs/Miss/Ms/other	One of the options available must be completed.
26.*	Present surname	Please enter your current surname.
27.*	Birth surname	Surname at birth must be provided even if this is the same as the surname recorded above. (Section C. Item 26)
28.*	Any other surname used	Please provide details of any other surname(s) used (other than those referred to in Items 26 and 27 above) at any time during your lifetime and the dates during which the surname(s) were used.
29.*	Present forenames (1st/2nd)	Please provide your first and second (if applicable) current forenames.
30.*	Present forenames (3rd/4th)	Please provide your third and fourth (if applicable) current forenames.
31.*	Birth forenames	If your forename(s) at birth were different from your present forename(s), please enter your birth forenames exactly as registered on your birth certificate.
32.*	Any other forename(s) used	If applicable, please provide details of any other forename(s) used (other than those referred to in Items 29, 30 and 31 above) at any time during your lifetime and the dates during which these forename(s) were used.
33.*	Registered date of birth	Please enter your registered date of birth as stated on your birth certificate. Please enter the format in numbers only.
34.	Place of birth (if born IN the UK)	Please enter the UK town or city registered as your place of birth.
35.	Place of birth (if born IN the UK)	Please enter the UK county or district in which your birth was registered.
36.*	Place of birth (if born OUTSIDE the UK)	Please enter the city or region registered as your place of birth.
37.	Place of birth (if born OUTSIDE the UK)	Please enter the country registered as your place of birth.
38.*	Gender	Only one box should be crossed.
39.*	Lead Countersignatory role	Please state your formal role/function within your organisation e.g. Company Secretary, Hospital Manager, Head Teacher, Head of Recruitment, Finance Director, Senior Partner etc.
40.	Email address	Please enter your own email contact address (within the organisation if applicable). Writing clearly, using all CAPITAL letters.
41/45.*	Current home address	Please provide full details of your current permanent home address. (If this has been your home address for less than 5 years please provide further details within Items 49 to 54.)
46/47.	Home telephone number	The DBS no longer requires the information requested in Items 46/47, please leave this section blank.
48.*	Resident at address since	Please state the month and year (for example 042000 for April 2000) you moved to your current residential address.

Item No.	Description	Guidance Notes
49/54.	Previous address(es)	If you have lived at your current residential address for less than 5 years, please ensure you provide all your previous addresses and dates of residence for the past 5 years, ensuring there are no gaps or overlapping. If you have lived at more than 2 addresses in the last 5 years, please continue on a separate sheet of paper. Please give full details, including postcode.

D. Personal information

Item No.	Description	Guidance Notes
55.	National Insurance number	Please enter your National Insurance number in the spaces provided. This number can normally be found on your payslip, any personalised Inland Revenue documents or Department of Work and Pensions correspondence/notifications.
56/57.	Passport details	Please enter your passport number and date of issue. The passport should be valid.
58/59.	UK driving licence details	Please enter the full driver number as found on your UK driving licence (licence ref: point 5) and the issue date (referred to as 'valid from' on your UK driving licence if photocard, ref: point 4.a).
	<i>Birth Certificate Details</i>	<i>If you do not possess a passport or UK driving licence please provide the following details from your birth certificate.</i>
60/61.	Birth certificate number	Please enter the printed, unique serial number (usually printed in red at the top or bottom of the form) of the certified copy of the registered birth entry and supply the date of completion by the registrar.
62.	Birth registration district	Please enter the registration district as it appears on the certificate.
63.	Birth registration sub-district	Please enter the registration sub-district as it appears on the certificate.
64/74.	Other personal details	<i>The DBS no longer requires the information requested in Items 64-74 to process your application. Please leave these items blank.</i>

E. Referee contact information details

Please provide an appropriate referee, preferably from an affiliated or associated organisation (such as your organisation's accountant, bank, or solicitors), who has personal and professional knowledge of the applicant for over 3 years.

Item No.	Description	Guidance Notes
75.	Referee name	Please provide the title (Mr, Mrs, Ms, Miss etc.), first forename and surname of the proposed referee.
76.	Referee occupation	Please enter the occupation/job title/functional role and surname of the proposed referee.
77.	Organisation name	Please provide the full name of the organisation where contact can normally be made in business hours.

Item No.	Description	Guidance Notes
78/83.	Contact address of the referee's organisation	Please enter the full address and telephone number of the referee's organisation where contact can normally be made in business hours.
84.	Relationship details	Please provide a brief description of the relationship of the referee to the applicant/applying organisation e.g. customer, supplier, accountant, bank manager, solicitor, governor, trustee etc.
85.	Time known	Please state the number of years the referee has known the applicant. (The referee must have known the applicant in a personal and professional capacity for over 3 years.)

F. Instructions to applicants

Applicants must sign the Declaration in Item 86 to enable the application form to be processed.

Item No.	Description	Guidance Notes
86.*	Declaration by applicant	Please sign within the box provided.
87.	Consent of applicant	The DBS no longer requires the information requested in Item 87, please leave this section blank.
88.	Date of application	Please enter the date the application form was completed.

G. Registration fee payment

Following receipt of this completed application form, together with a cheque made payable to 'Disclosure and Barring Service' and original documentation to establish identity, the DBS will process your application to become a Registered Body. After successful completion of the assessment of suitability for registration and after payment has been received and processed, written confirmation of acceptance will be forwarded to the Lead Countersignatory of the newly accredited Registered Body.

Please note that the cheque is for the application fee and covers processing costs and is non-refundable if:

- a) the organisation is not eligible to be a Registered Body or*
- b) the person applying to become the Lead Countersignatory is considered to be unsuitable.*

Item No.	Description	Guidance Notes
89.	Credit facilities	To take advantage of credit facilities, please place a cross in the appropriate box.

Part 2 – Countersignatory Application Form Guidance Notes for Lead Countersignatories

The final part of the Countersignatory application form (Section E) is to be completed by the Lead Countersignatory who is required to verify all the information provided by the Countersignatory including their full name, current address and date of birth, as recorded in Section A. The Countersignatory should provide the nominated Lead Countersignatory with original documentary evidence of their identity. The Lead Countersignatory is required to satisfy the DBS that they have viewed the required set of documents (see page 4).

It is recommended that, if at all possible, the document check is completed using only information that can be recorded in Section E. This makes it easier for us to process your application. However, if you are unable to record all of the information on the form, please list all documents seen on a separate Continuation Sheet which is downloadable from www.gov.uk/government/publications/dbs-continuation-sheet.

E. Declaration by Lead Countersignatory

The fields marked with an asterisk () are mandatory and must be completed.*

Item No.	Description	Guidance Notes
73.	Passport details	Please enter the passport number and nationality as given in the accompanying passport. Also, verify that the date of birth shown on the original document matches that provided in Section A, Item 9.
<i>Check the general quality and condition of the passport. Treat it with suspicion if it is excessively damaged; accidental damage is often used to conceal tampering. Photographs should be examined closely for signs of damage to the laminate or for excessive glue or slitting of the laminate; these signs would indicate photo substitution. If the photograph appears excessively large, this might indicate an attempt to hide another photograph underneath. There should also be an embossed strip embedded into the laminate, which will catch a portion of the photograph. Check there is no damage to this area. If the passport is from a foreign national, you can still follow the same general procedures as above. If you have any doubts about the authenticity of the document or suspect it may have been tampered with you may wish to contact the DBS Call Centre on 03000 200 190.</i>		
74/75.	Driving licence details	Please enter the number and nationality in either Item 74 or 75 as given on the licence provided. Also, verify that the date of birth shown on the original document matches that provided in Section A, Item 9.
<i>Photo driving licence – Examine the licence for evidence of photo tampering or any amendment of the printed details.</i>		
<i>Old style driving licence (no photograph) – Remove the document from the plastic wallet and check that it is printed on both sides. It should have a watermark visible by holding the licence up to the light and there should be no punctuation marks in the name or address. The 'Valid To' date should be the day before the bearers 70th birthday (unless the bearer is already over 70). The 'Valid To' date can therefore be cross-referenced with the applicant's date of birth in Section A, Item 9.</i>		

Item No.	Description	Guidance Notes
76.	Birth certificate details	Please enter the printed unique serial number (usually printed in red at the top or bottom of the form) and nationality as given on the accompanying certificate. Also, verify that the date of birth shown on the original document matches that provided in Section A, Item 9.
<i>Birth certificates are not wholly reliable as confirmation of identity, since copies are easily obtained. However, certificates issued at the time of birth are a more reliable indicator of the holder's identity than recently issued duplicates.</i>		
<i>Check the quality of paper used; genuine certificates use a high grade. There should be a watermark visible when the document is held up to the light. Any signs of smoothness on the surface would indicate that original text might have been washed or rubbed away. There should be no signs of tampering, changes using liquid paper, overwriting or spelling mistakes.</i>		
Item No.	Description	Guidance Notes
77.	Marriage certificate details	Please enter the printed marriage certificate number and also, nationality if given on the certificate.
78.	Credit card statement	Please enter the credit card account number. Please ensure that the document provided is dated within 3 months of the submitted Countersignatory application.
79.	Mortgage/insurance details	Please enter the policy or account number from the accompanying document.
80.	Bank details/statement	Please enter the name of the account provider as given on the statement or document provided. Please ensure that the document provided is dated within 3 months of the submitted Countersignatory application.
81.	(Fixed) Utility bill	Please enter the account number and the name of the service provider. Please ensure that the document provided is dated within 3 months of the submitted Countersignatory application.
<i>Please note: A marriage certificate may be used to verify all names used and the dates of change.</i>		
<i>Items 77 – 81 and other forms of ID should be regarded as validation of identity only if the name and address details match those on the application form. If they do not, they should be disregarded.</i>		

Item No.	Description	Guidance Notes
82.	Full name of Lead Countersignatory	Please enter your full name as it was given on your Registration application form.
83.*	Personal registration no.	Please enter the Addressee Reference number located on the front of the registration application form (also known as 'Countersignatory number' once fully registered to use the Checking service).
84.*	Signature	Please sign within the box.
85.	Date of confirmation	Please enter the date you signed this form validating the Countersignatory's application documents.