



# Disclosure & Barring Service Barring Referral Form

Please refer to the Referral Form Guidance whilst completing this document.

## Part 1: Details of the person you are referring

A Personal information	B Contact details of the person you're referring
<p><b>Title:</b> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/></p> <p><b>Other title:</b> <input type="text"/></p> <p><b>Surname:</b> <input type="text"/></p> <p><b>Forename(s):</b> <input type="text"/></p> <p><b>Date of birth:</b>  <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/><input type="text"/>  <b>D D M M Y Y Y Y</b></p> <p>Or age, if date of birth is unknown: <input type="text"/><input type="text"/></p> <p><b>Previous names and/or alias dates of birth:</b> <input type="text"/></p> <p><b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p><b>Nationality:</b> <input type="text"/></p> <p><b>National Insurance number:</b>  <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p><b>Contact address:</b> <i>Please include the date this address was provided or was last verified as current.</i></p> <p><input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/><input type="text"/>  <b>D D M M Y Y Y Y</b></p> <p><input type="text"/></p> <p><b>Postcode:</b>  <input type="text"/><input type="text"/><input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p><b>Country:</b> <input type="text"/></p> <p><b>Home telephone number:</b> <input type="text"/></p> <p><b>Mobile number:</b> <input type="text"/></p> <p><b>Work telephone (if still working):</b> <input type="text"/></p> <p><b>Email address:</b> <input type="text"/></p>

C Address history (most recent first)		
<p><b>Address:</b> <input type="text"/></p>	<p><b>Date from:</b></p>	<p><b>Date to:</b></p>



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## Part 1: Details of the person you are referring (continued)

<b>D Professional registration</b> (if applicable)	<b>E Teacher reference</b> (if applicable)																								
<b>Professional regulator:</b> <input type="text"/> <b>Registration number:</b> <input type="text"/> <b>Date of registration:</b> <table border="1" style="display: inline-table; margin-right: 10px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center;">D</td><td style="text-align: center;">D</td></tr> </table> <table border="1" style="display: inline-table; margin-right: 10px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center;">M</td><td style="text-align: center;">M</td></tr> </table> <table border="1" style="display: inline-table;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td></tr> </table>			D	D			M	M					Y	Y	Y	Y	<b>Teacher's pension number</b> [England and Wales] <table border="1" style="display: inline-table; margin-right: 10px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> / <table border="1" style="display: inline-table;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>								
D	D																								
M	M																								
Y	Y	Y	Y																						
<b>F DBS disclosures</b>	<b>DBS disclosure reference</b> (if known)																								
	<input type="text"/>																								

## Part 2: Qualifications and training of the person you are referring

<b>G Qualifications</b> (please continue on a separate sheet if required):	
<b>Title of qualification:</b>          	<b>Date of certificate:</b>          

<b>H In-service training/other training/courses attended</b> (please continue on a separate sheet if required):	
<b>Details of training:</b>          	<b>Date of training:</b>          



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## Part 3: Details of the work carried out by the person you are referring

I About their role	J Role description
<p><b>Role title:</b>  <input type="text"/></p> <p><b>Type of role:</b> Paid <input type="checkbox"/> Voluntary <input type="checkbox"/></p> <p><b>Was the role held by the person you are referring 'regulated activity' with:</b>            Children <input type="checkbox"/> Vulnerable adults <input type="checkbox"/> Both <input type="checkbox"/></p> <p><b>Date they started working/volunteering in the above role:</b>  <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/><input type="text"/>            D D M M Y Y Y Y</p> <p><b>Date they ceased working/volunteering in the above role:</b>  <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/><input type="text"/>            D D M M Y Y Y Y</p> <p><b>How did they leave or were removed from the role?</b>            Dismissed <input type="checkbox"/> Resigned <input type="checkbox"/> Retired <input type="checkbox"/>            Other (please specify):  <input type="text"/></p> <p><b>Is the person still employed by you?</b>            Yes <input type="checkbox"/> No <input type="checkbox"/>            If yes, to what role has the person been moved?  <input type="text"/></p> <p><b>To your knowledge, has the person been informed of their referral to DBS?</b>            Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p>	<p><b>Main duties of the role:</b>  <i>May be continued on a separate sheet if required.</i></p> <div style="border: 1px solid black; height: 450px; width: 100%;"></div> <p><b>To your knowledge, has the person ever worked in Scotland?</b>            Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p>

K Previous misconduct, disciplinary action or complaints	
<p><b>Nature of allegation and what action was taken</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p><b>Date:</b></p>







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Please refer to the Referral Form Guidance whilst completing this document.

## Part 6: Details of the child/vulnerable adult harmed/put at risk of harm

Q Details of the person harmed/put at risk of harm	R Relationship between the referred and the person harmed/put at risk of harm																
<p><b>Title:</b> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/></p> <p><b>Other title:</b> <input type="text"/></p> <p><input type="text"/></p> <p><b>Forename(s):</b> <input type="text"/></p> <p><b>Date of birth:</b></p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td><b>D</b></td><td><b>D</b></td> <td><b>M</b></td><td><b>M</b></td> <td><b>Y</b></td><td><b>Y</b></td><td><b>Y</b></td><td><b>Y</b></td> </tr> </table> <p>Or age, if date of birth is unknown: <input type="text"/></p> <p><b>Previous names and/or alias dates of birth:</b></p> <p><input type="text"/></p> <p><b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p><i>For additional victims, please use a separate sheet.</i></p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>D</b>	<b>D</b>	<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<p><input type="text"/></p> <p><b>Details of any vulnerability e.g. emotional, behavioural, physical or medical:</b></p> <p><input type="text"/></p>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
<b>D</b>	<b>D</b>	<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>										

## Part 7: Documentation supplied

C Supplied documentation (please tick all that apply)	
<p>Application for employment <input type="checkbox"/></p> <p>Curriculum Vitae / CV / resume <input type="checkbox"/></p> <p>References <input type="checkbox"/></p> <p>Letter of employment offer <input type="checkbox"/></p> <p>Job description / role requirement / personal specification <input type="checkbox"/></p> <p>File notes concerning conduct / behaviour / attitude <input type="checkbox"/></p> <p>Care plans for those named in Section Q (where appropriate) <input type="checkbox"/></p> <p>Victim impact report(s) or statement(s) for those named in Section Q <input type="checkbox"/></p> <p>Documents of internal investigations and outcomes <input type="checkbox"/></p>	<p>Documents of any past disciplinary action and complaints <input type="checkbox"/></p> <p>Statement(s) made by the referred individual <input type="checkbox"/></p> <p>Investigations and reports of regulatory bodies <input type="checkbox"/></p> <p>Investigations and reports of other agencies/bodies <input type="checkbox"/></p> <p>Interview report(s) relating to the referral <input type="checkbox"/></p> <p>Witness statement(s) <input type="checkbox"/></p> <p>Dismissal / resignation / redeployment letter <input type="checkbox"/></p> <p>Local Authority investigation reports / documents <input type="checkbox"/></p> <p>Adult Social Care or Children's Services reports <input type="checkbox"/></p> <p>Police investigations and reports <input type="checkbox"/></p> <p>Minutes of strategy meetings <input type="checkbox"/></p> <p>Health and Social Care Trust investigation reports / documents <input type="checkbox"/></p>



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## Part 7: Documentation supplied (continued)

<b>T</b>	<b>Additional documents supplied</b> (please continue on a separate sheet if required)

## Part 8: Referring party

<b>U Referring organisation / establishment</b>	
<p><b>Name of organisation:</b> <input type="text"/></p> <p><b>Type of organisation:</b> <input type="text"/></p> <p><b>Sector:</b> <input type="text"/></p> <p><small>The list of sectors to choose from can be found in the Referral Form Guidance.</small></p>	<p><b>Contact address:</b> <input type="text"/></p> <p><b>Postcode:</b>  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>Country:</b> <input type="text"/></p>

<p><b>U Primary contact</b></p> <p><b>Name:</b> <input type="text"/></p> <p><b>Position:</b> <input type="text"/></p> <p><b>Telephone number:</b> <input type="text"/></p> <p><b>Mobile number:</b> <input type="text"/></p> <p><b>Email address:</b> <input type="text"/></p>	<p><b>Alternative contact</b></p> <p><b>Name:</b> <input type="text"/></p> <p><b>Position:</b> <input type="text"/></p> <p><b>Telephone number:</b> <input type="text"/></p> <p><b>Mobile number:</b> <input type="text"/></p> <p><b>Email address:</b> <input type="text"/></p>
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## Part 9: Declaration - information sharing / complete and accurate information

### W To be signed by the person making the referral

I understand that any information that I have referred within the referral form, or additional to it, will be used by DBS for official purposes and may be retained by DBS under its Data Retention Policy. I also understand that any information that I have referred may be disclosed to the referred person or to other parties such as the police, professional regulators, or prison or probation services, in accordance with statutory powers or duties under the Safeguarding Vulnerable Groups Act 2006 or other applicable legislation.

I confirm that to the best of my knowledge, the information in this form is complete and accurate, and I have provided all documents legally required and other relevant documentation that I hold. I understand that DBS may contact me about the information I hold on the person I have referred.

**Signature:**

**Name (in block capitals):**

**Date:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>D</b>	<b>D</b>	<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>

**Position:**

**Organisation:**

**Relationship to the individual you are referring:**

### X Returning the form

Please check that you have answered all the questions you can, and have signed the declaration.

This form should be returned, together with all supporting evidence, to the address below.

Please return the form to:

**Disclosure and Barring Service**  
**PO Box 3963**  
**Royal Wootton Bassett**  
**SN4 4HH**