



### **Third-party Consent Form – Barring cases**

The Disclosure and Barring Service (DBS) is required by law to keep information confidential. DBS will only share your information if legally allowed to do so, or if we have your consent to do so.

Please complete this form to allow a nominated person or organisation to communicate with DBS on your behalf, about your barring case.

You must consider what information they may learn about you.

**If you are unsure about giving consent, please seek legal advice before proceeding.**

**Please ensure all sections are completed. If the form is not fully complete, third-party consent will not be put in place.**

**Your case reference:**

(You will find this on correspondence you receive from us)

.....

- I want to nominate a person or organisation to correspond with DBS on my behalf. This will include receiving personal and sensitive information about me from DBS
- I understand that giving my consent will allow the nominated person or organisation to communicate with DBS about me, while my case is under consideration
- I understand the risk of my information being shared by my nominated person or organisation, and understand that DBS has no control over this. In signing this form, I accept any risks associated with providing third-party consent
- I understand that the sharing of information with the person or organisation I have nominated will start when DBS receives this signed consent form and understand that this will remain in place until the case is closed, or until I restrict/withdraw consent
- I understand that I will not receive any correspondence from DBS until the final decision has been made. I understand that the person or organisation I have nominated will be made aware that the case has been closed

- I understand that this third-party consent will be reviewed annually during my case, and I understand that if I do not respond to these reviews, DBS will start communicating directly with me again
- I understand I can restrict or withdraw my consent at any time by contacting DBS

Your signature: .....

Print name: .....

Date: .....

**Your case reference:** .....

Nominated person's and/or .....

organisation's name: .....

Relationship: .....

Address (including postcode): .....

.....

.....

.....

Telephone number: .....

**To be completed by the nominated third-party:**

By agreeing to act as the third-party for the above-named person, I understand that I will be able to give and receive information about them. All future communication sent from DBS will be supplied to me, with the exception of the final decision. The decision will be sent to the above-named person directly.

If I wish to withdraw my position as a third-party to the above-named individual I will inform DBS.

Nominated person's signature: .....

Print name: .....

Date: .....

**Please tell us straight away if you want to withdraw as a third-party.**