|  |  |  |
| --- | --- | --- |
|  | **Contact us on 03000 200 190**  **www.gov.uk/dbs** | **DBS Postal address:**  PO Box 3963  Disclosure and Barring Service  Royal Wootton Bassett  Wiltshire  SN4 4HH |

**Naming third-party for correspondence – Barring cases**

Please complete this form if you wish to allow a person or organisation the ability to communicate with us about you. This will give them access to personal and sensitive information about you, including criminal information and protected characteristics.

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

Naming a third-party is a very significant step. You should consider what they may learn about you. **If you are unsure about this, please seek legal advice before proceeding.**

**Please ensure all sections are completed. If the form is not fully completed by you, we cannot send or receive information to/from the third-party. If you return this via email send to contactus@dbs.gov.uk, please ensure you copy in your third-party. You can also email us if you have any problems completing this form.**

**I declare consent of the following:**

The nominated person or organisation will act on my behalf. This may mean personal and sensitive information about you will be shared with them by DBS, including criminal information and protected characteristics.

You accept any risks associated with providing permission; and DBS has no control over what my nominated person may do with your information.

I further understand that:

* third-party correspondence starts as soon as DBS receives my formal request. This remains in place until a decision is reached; or consent is restricted / withdrawn
* DBS will send me the final decision. My nominated person or organisation will be told only that DBS has closed my case; they will not be told what the decision is
* you can restrict or withdraw consent at any time by contacting DBS
* DBS will contact me again in 24 months, if my case is still open, DBS we will check if I want the third-party consent to continue.

|  |  |
| --- | --- |
| **Your details:** | **Your case reference:**  (You will find this on correspondence you receive from us) |
| **Full name:** |  |
| **Signature: (only required if sending by post)** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Third Party Full name:** |  | | |
| **Organisation (if applicable):** |  | | |
| **Third Party Address:** |  | | |
| **Telephone:** |  | **Email:** |  |
| **Signature: (only required if sending by post)** |  | **Date** |  |