

# Verifiers Form

Please note – both pages of this form should be completed and the form returned to the Interdenominational Safeguarding Panel along with the completed DBS form. The ID verifiers section should only be completed by the approved person verifying your identity.

## APPLICANT'S DETAILS: (including required privacy statement confirmation)

Name of applicant

Date of birth:  Post Code:

Phone number:  Email address:

### Both questions must be answered before your application can be processed:

1. "Privacy Policy-standard/enhanced checks (paper applications) declaration: I have read the Standard/Enhanced Check Privacy Policy for applicants <https://www.gov.uk/government/publications/dbs-privacy-policies> and I understand how DBS will process my personal data and the options available to me for submitting an application.
2. I have read the Interdenominational Safeguarding Panel Privacy Statement and understand how my information will be collected and used by the Panel <https://panel.cymru/en/dbs>   
Applicant - please tick above and sign to confirm you have read and understood the above

Signed .....(applicant)

## CHURCH/CHAPEL DETAILS:

Name of the Church or Organisation (including village/town)	<input type="text"/>
Denomination	<input type="text"/>

This Church has organised activities with: - **Children**  **Vulnerable Adults**   
e.g., Sunday school, youth work, Open the Book, regular pastoral visiting of adults at risk, etc.

Please note: if there are no relevant activities it is unlikely that you will be eligible to complete a DBS check. Contact the Panel office for advice.

## ID DOCUMENTS CHECK AND VERIFIERS DETAILS (to be completed by a Panel verifier only)

Please give details of at least three documents used to verify the applicants identity – see paper guidelines provided or visit <a href="https://www.gov.uk/government/publications/dbs-identity-checking-guidelines">https://www.gov.uk/government/publications/dbs-identity-checking-guidelines</a>		
	Description of document	Valid from / date etc.
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

ID VERIFIER DECLARATION: I confirm that I have met with the applicant and have seen and checked the original documents as listed above. I confirm that, to my knowledge, the information provided on this form is complete and true and understand that to knowingly make a false declaration may be a criminal offence.

Verifier's Name..... Signature.....

Dated.....

## DETAILS OF THE ROLE

To help us to ensure that this role is eligible and to ascertain the correct level of DBS check, please provide information about the role by completing and ticking the boxes below. Please note: 'work' means paid work or volunteering.

### The position(s) / role(s) within the church

1. Will this role involve working with children/ youth  vulnerable adults
2. Please give a brief outline of the work with children and / or vulnerable adults

3. How frequently do you carry out this role? e.g. weekly, monthly etc.

### 4. CHILDREN'S WORKERS:

- i. Will you be under constant supervision\* whilst working with children? Yes  No

If 'yes' - Please provide the name of the person supervising this work .....

\* Note: Supervision means that an individual responsible for the work (who has an enhanced DBS disclosure for the role) is present throughout the activity. **Not** that more than one adult is present in the same room.

- ii. Will this role include personal care i.e. helping/prompting ill or disabled children with eating/ drinking or helping ill, disabled or young children with washing/toileting? Yes  No
- iii. Will the role involve driving children? Yes  No

### 5. VULNERABLE ADULT'S WORKERS:

Will the role involve:-

- i. Personal care e.g., help with toileting or feeding/prompting to eat Yes  No
- ii. Assisting with money /shopping Yes  No
- iii. Transporting an adult for health, personal or social care Yes  No   
(e.g., doctors, hospital appointments, or collecting someone from a residential home etc.)

### 6. Will the role involve working with children or vulnerable adults at your (the applicant's) home address?

- If yes please provide details of the work done at your home in box 2 above Yes  No

### 7. Is this role a voluntary position\* a paid position

\*"Any person engaged in an activity which involves spending time, unpaid (except for travel and other approved out-of-pocket expenses), doing something which aims to benefit some third party and not a close relative."

<https://www.gov.uk/guidance/dbs-check-requests-guidance-for-employers#volunteer-applications>

### 8. Is this DBS check is for:

- i. a new role/post holder
- ii. an existing post holder
- iii. an existing post holder being re-checked

please contact the Panel office if you need advice on any aspect of this form or to discuss if your role is eligible.