**Section 1**

|  |
| --- |
| **This Agreement** is between the National Care Association (NCA) and*(Home name)*  |

NCA is registered with the Disclosure and Barring Service as an Umbrella Body and the Care Provider wishes to use the Disclosure Service of the Disclosure and Barring Service provided by NCA.

Both Parties agree:

The Care Provider will have a Policy Statement on the Secure Storage, Handling, Use, Retention and Disposal of Disclosure Information.

The Care Provider will comply with the Code of Practice for Registered Persons and other recipients of Disclosure Information.

Should the Care Provider cease to be a member of NCA the Disclosure Service offered will cease from that date.

It is the Care Providers responsibility to write to NCA with name changes of main DBS contacts.

This agreement comes into immediate effect following the signing by both parties:

***National Care Association (to be completed by NCA Staff Member and Main Contact at Home)***

|  |  |  |
| --- | --- | --- |
| National Care AssociationSuite 4Beaufort HouseBeaufort CourtSir Thomas LongleyRochester, KENT ME2 4FBTel: 01634716615Fax: 01634727794 |  | Home name and address: |
|  |  |  |
| Date:  |  | Date: |
|  |  |  |
| Signature:  |  | Signature: |

**Section Two**

# Main DBS Contact - Please identify here the main contact to which all DBS correspondence should be addressed:

|  |  |
| --- | --- |
| Title: |  |
| Name: |  |
| Name of home: |  |
| Address: |  |
|  |  |
| Postcode: |  |
| Tel: |  |
| Fax: |  |
| Email: |  |
| Date: |  |
| Signature: |  |

**Section Three**

# A Deputy DBS Contact - Please identify here the Deputy contact, who should be contacted in the absence of the Main DBS contact:

 **(if same as above please tick)**

|  |  |
| --- | --- |
| Title: |  |
| Name: |  |
| Name of home: |  |
| Address: |  |
|  |  |
| Postcode: |  |
| Tel: |  |
| Fax: |  |
| Email: |  |
| Date: |  |
| Signature: |  |

**Section Four**

If you wish, you can list up to 3 other names who can complete Section X of the DBS Disclosure.

Please give details below:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Signature: |  |
|  |  |  |  |
|  |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Signature: |  |
|  |  |  |  |
|  |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Signature: |  |
|  |  |  |  |
|  |  | Date: |  |

Please notify us in **WRITING** should any of the above DBS contacts change.