|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| This form **must be completed** and submitted to National Care Association with all DBS paper applications. Should this NOT be submitted it will delay the application being processed. | | | | | | | | | | | | FOR NCA USE ONLY |
|  |
|  | Form Reference Number: | F | 0 | 1 |  |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| a 1,2,3 | Applicants full name: |  |  |  |
| a 14 | Applicants date of birth: |  |  |  |
| x 61 | Position applied for: |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| x 61 | Level of DBS check required: | Standard |  |  |  |
| Enhanced without barred list |  |  |  |
| Enhanced with barred list |  |  |  |
|  | Only applicants carrying out hands on care can have an enhanced check with barred list. | | |  |  |

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| --- | --- | --- | --- | --- |
| I.D. | What ID have you seen to verify…… |  |  |  |
|  | the applicant’s name |  |  |  |
|  | the applicant’s Date of Birth? |  |  |  |
|  | the applicant’s current address? |  |  |  |
|  | What other ID have you seen? |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| w 58 | Name of Evidence Checker: |  | |  |  |
|  | Is this person authorised by NCA to be an evidence checker? If NO contact NCA immediately | | Yes  No |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| x 64 | Are you entitled to know whether the applicant is barred from working with children? | Yes  No |  |  |
|  | You must only answer YES to x64 if the applicant will be carrying out hands on care or regulated activities with children. | |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| x 65 | Are you entitled to know whether the applicant is barred from working with adults? | Yes  No |  |  |
|  | You must only answer YES to x65 if the applicant will be carrying out hands on care or regulated activities with adults. | |  |  |

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| --- | --- | --- | --- | --- |
| x 66 | Does this position involve working with children or adults at the applicant’s home address? | Yes  No |  |  |
|  | You must only answer YES to x66 if the applicant will be carrying out hands on care or regulated activities at the APPLICANTS home address (this applies to child minders) | |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| x 68 | Is the applicant a free of charge volunteer? | Yes  No |  |  |
|  | 1. Is the applicant in receipt of payment? (except expenses) | Yes  No |  |  |
|  | 1. Is the applicant on a work placement | Yes  No |  |  |
|  | 1. Is the applicant on a course that requires them to do this role? | Yes  No |  |  |
|  | 1. Is the applicant in a trainee position that will lead to a full time role / qualification? | Yes  No |  |  |
|  | 1. Is the applicant a foster carer or a member of the same family? | Yes  No |  |  |
|  | 1. Is the applicant a family member who acts as a ‘#back up’ carer? | Yes  No |  |  |
|  | If you answered YES to any of the questions above then the applicant does not qualify for a volunteer, x68 must therefore be **NO** | |  |  |