

Section One

This Agreement is between the National Care Association (NCA) and the Care Provider that wishes to use the online Disclosure and Barring Service (DBS) 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 DBS Information.

Should the Care Provider cease to be a member of NCA the DBS 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 Association
Suite 4, Beaufort House
Beaufort Court
Sir Thomas Longley
Rochester, KENT
ME2 4FB
Tel: 01634716615

Home name & 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:	
Telephone:	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:	
Telephone:	Fax:
Email:	
Date:	Signature:

Section Four

If you wish, you can list up to 3 other names who can complete Section X on the DBS application. Please give details below:

1. Name:	
Signature:	Date:
2. Name:	
Signature:	Date:
3. Name:	
Signature:	Date:

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

Email for Owner:
Email for Manager:
Email for weekly E-NEWS: