

THIS FORM IS TO BE COMPLETED BY THE MINISTER VERIFYING IDENTITY



The Churches' Agency for Safeguarding Form

Name of applicant for <i>Disclosure</i>		
Address of applicant		
Tel: no	Postcode	E-mail
Church/Meeting House/Circuit and number OF APPLICANT		
Date of birth		
Post or role to be filled		
		(delete as appropriate)
		Paid Voluntary
Level of <i>Disclosure</i> requested		
Standard	Enhanced	(delete as appropriate)
Name of Verifier		
Tel: no	Postcode	E-mail
Church/Meeting House/Circuit and number OF VERIFIER		
Demonination of Applicant		
Alternative contact eg. denominational employer		

Declaration

- I have met the applicant named above.
- I have seen the applicant's documentation, as required by the Criminal Records Bureau, or the Central Registered Body in Scotland to validate the applicant's identity.
- I understand that, in signing this form, I am complying with the requirements of the *CRB*, the *CRBS* and the *Churches' Agency for Safeguarding*, which is an authorised body acting on behalf of the *CRB* and the *CRBS*.

Signature of Minister
Signature of applicant
Date

The information on this form will be stored in accordance with the conditions of the Data Protection Act and will not be made available to any person or organisation not entitled to make use of it.

Please send this portion of the form, along with the CRB application form marked 'Strictly Private and Confidential' to the CAS at: Churches' Agency for Safeguarding, 25 Marylebone Road, London NW1 5JR.



PLEASE RETAIN THIS PORTION OF THE FORM FOR YOUR RECORDS

The Churches' Agency for Safeguarding

Name of applicant for *Disclosure*

Date application sent to CAS

Following the issue of *Disclosure*: Agreement for applicant to work in role or post Yes No

This form may be photocopied