Confidential Safeguarding Self Declaration Form DBS 4

If you have a disability that may make the completion of this form difficult, it can be completed by someone on your behalf however you are required to sign and date the form.
This form can be returned in a sealed envelope.

Please state your CARE HOME, PARISH, RELIGIOUS ORDER or ORGANISATION:

Please state the CHURCH you belong to within your PARISH if applying for a parish role:

Please state ALL ROLES you undertake at CARE HOME/ALL PARISHES / RELIGIOUS ORDERS / ORGANISATIONS:

Status of Role: **Employed** ☐ **Voluntary** ☐ **Post Holder** ☐

Title: **Date of Birth:**

Place of Birth:

Current Full Name:

State any PREVIOUS NAMES including any BIRTH NAMES if you have been MARRIED or if THE NAME YOU ARE USING IS DIFFERENT TO YOUR BIRTH NAME and provide ALL DATES YOU USED THOSE NAMES e.g. *from (dd/mm/year) to (dd/mm/year)*

This form will be retained for 10 years and 1 day after the person leaves role or will be superseded by a new DBS 4 when a new application is processed, refer to document retention policy for further details

Full Address including Postcode and the date you moved into your current address (dd/mm/year):

(Please provide details of previous addresses if you have lived at your current address less than 5 years, additional addresses may be supplied on another sheet of paper if necessary)

Full Address including Postcode:	**Full Address including Postcode:**
Dates from & to (dd/mm/year):	**Dates from & to (dd/mm/year):**

Home Telephone Number:	**Mobile Telephone number:**

Email:	**National Insurance Number:**

Please state your CURRENT NATIONALITY:

Please state your BIRTH NATIONALITY:

Are you registered with the ONLINE UPDATE SUBSCRIPTION SERVICE?

Yes ☐ **No** ☐ **Don't Know** ☐

Please state your preferred method of contact:

Post: ☐ **Email** ☐ **Telephone** ☐

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The amendments to the Rehabilitation of Offenders Act 1974, (Exceptions) Order 1975 (2013 and 2020) provide that when applying for certain jobs and activities, certain convictions and cautions are considered 'protected'. This means that they do not need to be disclosed to employers, and if they are disclosed, employers cannot take them into account.

Question 1 of 4:

Do you, the applicant, have any convictions (excluding youth cautions) which would not be filtered in line with current guidance?

YES ☐ **NO** ☐ **If YES please provide summary details below:**

Question 2 of 4:

Have you ever been accused of inappropriate conduct within an employed or voluntary capacity?

YES ☐ **NO** ☐ **If YES please provide summary details below:**

Question 3 of 4:

Have you ever received a caution or conviction from another country outside of the UK?

YES ☐ **NO** ☐ **If YES please provide summary details below:**

Question 4of 4:

Are you, or have you even been the subject of an investigation into a concern about a child in your care or investigated under adult protection safeguarding procedures, or are you currently the subject of a police investigation?

YES ☐ **NO** ☐ **If YES please provide summary details below:**

If YES to any above please provide summary details below, use additional sheets of paper if necessary.

Data Protection Act Declaration (please read, sign & date)

Knowyourpeople (hereafter known as KYP), now working in partnership with the Catholic Safeguarding Standards Agency, is registered with the Disclosure & Barring Service (DBS) for processing criminal records checks. Individuals working in diocesan offices, parishes, religious congregations and Catholic Organisations (where agreed with CSSA), who carry out criminal record check processes via the DBS are 'agents' of the CSSA and are bound by the policies of the DBS, KYP and the Catholic Church national safeguarding procedures for DBS application processing and the DBS Code of Practice.

☐ I have been provided with a copy of the Privacy-notice-for-DBS-applications-updated-August-2025.docx and KYP privacy notice KnowYourPeople-KYP-privacy-policy.doc and I understand how KYP, CSSA and its Agents will process my personal data

☐ I consent to my application being processed online by KYP and CSSA

☐ I have read the Standard/Enhanced Check Privacy Policy for applicants and I understand how DBS will process my personal data and the options available to me for submitting an application

☐ I consent to the DBS providing an electronic result directly to the registered body that has submitted my application. I understand that an electronic result contains a message that indicates either the certificate is blank or to await certificate which will indicate that my certificate contains criminal record information. In some cases, the registered body may provide this information directly to my employer prior to you receiving the certificate. I understand if I do not consent to an electronic result being issued to the registered body submitting my application that I must not proceed with this application, and I should submit a paper application form. I understand that to withdraw my consent whilst my application is in progress I must contact the DBS helpline 03000 200190

☐ I acknowledge that information may be transferred by First Advantage to affiliates and/or subprocessors to the extent necessary to assist with the checks. During the background check process of your personal data may be disclosed to law enforcement and government agencies to check for civil and criminal records, as permitted by law. Sources of information used during the vetting process may include government authorities and third parties, such a prior employers and educational institutions you attended. In order to meet processing requirements from certain sources (DBS, etc), you acknowledge that special characters from the data provided may be removed if required to fulfil one or more checks. I hereby confirm that I am of legal age to confirm the above statements. If not, I confirm that this has been approved by my parent or guardian.

Signed: **Dated:**

[1]Protected refers to convictions and cautions that will not be included on a DBS Disclosure Certificate. All guidance and criterion the filtering of these cautions and convictions can be found at https://www.gov.uk/government/collections/dbs-filtering-guidance

DBS17 - Applicant Consent for DBS Processing Form

For all roles requiring a DBS Check to be processed via the CSSA Registered Body
(to be completed by the applicant in BLOCK CAPITALS)

If you have a disability that may make the completion of this form difficult, the form can be completed by someone on your behalf. However, your signature will continue to be required.

Name of Parish/ Organisation:	
Current Full Name:	

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Before we process your application, please confirm the following:

- I have been provided with a link to the **DBS privacy policy** and the **KYP privacy notice**
- I understand that the Registered Body and its Agents will process my personal data.
- I consent to my application being processed online by KYP and CSSA

You are required by the DBS, to confirm the following:

Privacy Policy standard/enhanced checks 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.
- I consent to the DBS providing an electronic result directly to the registered body that has submitted my application. I understand that an electronic result contains a message that indicates either the certificate is blank or to await certificate which will indicate that my certificate contains criminal record information. In some cases, the registered body may provide this information directly to my employer prior to me receiving my certificate.
- I understand if I do not consent to an electronic result being issued to the registered body submitting my application that I must not proceed with this application, and I should submit a paper application form.
- I understand that to withdraw my consent whilst my application is in progress, I must contact the DBS helpline on 03000 200 190. My application will then be withdrawn.

Signed (wet signature only):	**Dated:**