**Joining the PVG Scheme**

**Application form**

Please send completed forms to your clubs Wellbeing Protection Officer.

Wellbeing Protection Officer submit completed application forms along with PVG coversheet to safeguarding@bowlsscotland.com

You can find out more about the laws that govern the disclosure and PVG Scheme membership application process on our [website](https://www.mygov.scot/disclosure-scotland-legal-frameworks/).

**All fields must be filled unless marked optional. Please use block capitals.**

# About you; the individual

Date submitted: Click or tap to enter a date.

Application type: Choose an item.

Title: Choose an item.
Surname: Click or tap here to enter text.
Forename(s): Click or tap here to enter text.
Gender: Click or tap here to enter text.

Previous names (if any)
Previous surname: Click or tap here to enter text.
Previous forename(s): Click or tap here to enter text.

Mother’s maiden name: Click or tap here to enter text.

Date of birth: Click or tap to enter a date.
Town of birth: Click or tap here to enter text.
Country of birth: Click or tap here to enter text.
Nationality: Click or tap here to enter text.

PVG membership ID (if any): Click or tap here to enter text.

Only enter this PVG ID if you are rejoining the Scheme, having previously been a member.

National insurance number: Click or tap here to enter text.
Driver license number (if any): Click or tap here to enter text.
Country of issue: Click or tap here to enter text.
Passport number: Click or tap here to enter text.
Country of issue: Click or tap here to enter text.

# Your contact details

Email address: Optional - click or tap here to enter text.

Home telephone: Optional - click or tap here to enter text.

Mobile number: Optional - click or tap here to enter text.

# Your current address

Address line 1: Click or tap here to enter text.

Address line 2: Click or tap here to enter text.

Town: Click or tap here to enter text.

Country: Optional - click or tap here to enter text.

Postcode: Click or tap here to enter text.

Resident from: Click or tap to enter a date.

If you have lived at this address for less than five years, you must provide previous addresses below to cover this period.

# Your previous addresses

## Previous address 1

Address line 1: Click or tap here to enter text.

Address line 2: Click or tap here to enter text.

Town: Click or tap here to enter text.

Country: Click or tap here to enter text.

Postcode: Click or tap here to enter text.

Resident from: Click or tap to enter a date.

## Previous address 2

Address line 1: Click or tap here to enter text.

Address line 2: Click or tap here to enter text.

Town: Click or tap here to enter text.

Country: Click or tap here to enter text.

Postcode: Click or tap here to enter text.

Resident from: Click or tap to enter a date.

## Previous address 3

Address line 1: Click or tap here to enter text.

Address line 2: Click or tap here to enter text.

Town: Click or tap here to enter text.

Country: Click or tap here to enter text.

Postcode: Click or tap here to enter text.

Resident from: Click or tap to enter a date.

## Previous address 4

Address line 1: Click or tap here to enter text.

Address line 2: Click or tap here to enter text.

Town: Click or tap here to enter text.

Country: Click or tap here to enter text.

Postcode: Click or tap here to enter text.

Resident from: Click or tap to enter a date.

# Regulatory body details

Are you registered with a regulatory body? [ ]  Yes [ ]  No

Regulatory body name/code: Choose an item.
Regulatory body membership number: Click or tap here to enter text.

Regulatory body name/code: Choose an item.
Regulatory body membership number: Click or tap here to enter text.

# Declaration on application

I request that a disclosure record be issued to the persons specified in this application in relation to the type(s) of regulated work specified. I understand the following:

* Disclosure Scotland will use the information I have given to verify my identity and to check and process my application. Disclosure Scotland will use this information and any other information relating to my Scheme membership for the purpose of the Scheme, for the prevention or detection of crime and for other related purposes. Disclosure Scotland will continuously monitor and update the information it holds about me.
* Disclosure Scotland may pass the information it holds about me to other Government departments or organisations, the police and other law enforcement agencies for the purposes of the Scheme, of the prevention and detection of crime, of the apprehension and prosecution of offenders and for other related purposes.

I declare that the information I have given is complete and correct. I understand that to knowingly make a false statement in this application is a criminal offence. I will give any additional information that may be required to verify the information given and will immediately notify any changes to this information.

Applicant’s signature: Click or tap here to enter text.

Signature date: Click or tap to enter a date.

Either a typewritten or scanned signature is valid. There is no need to print and sign a form by hand.

# Payment

If you, as the applicant, are paying for this application, please complete this section. If you are not paying for it, this should be completed by the person who is countersigning it.

Is this application for a volunteer role doing regulated work for a [qualifying voluntary organisation](https://www.mygov.scot/pvg-for-volunteers/) (QVO)? [ ]  Yes [ ]  No

Method of payment: Choose an item.

If you are paying by card, please use our [payment portal](https://slack-redir.net/link?url=http%3A%2F%2Fpayments.disclosure.scot%2Fpvg-join), and then insert your payment reference number below.

9-digit payment reference number: Enter the 9-digit number here.

**These sections should only be completed if you are applying through a Registered Body. They should be completed by the countersignatory before this form is submitted to Disclosure Scotland.**

# Countersigning on behalf of another organisation

Are you countersigning this application on behalf of another organisation? [ ]  Yes [ ]  No

Organisation name: Click or tap here to enter text.

# Countersignatory details and declaration

Will the work be carried out at the home address of the applicant? [ ]  Yes [ ]  No

Organisation name: Click or tap here to enter text.

Position applied for: Click or tap here to enter text.

Description of role: Optional - click or tap here to enter text.

# Confirmation of identity

Employers must check the identity of the applicant. You should ask for three forms of identity. If possible, one should be photographic. Please confirm below which forms of identity have been checked.

[ ]  Birth certificate [ ]  Passport [ ]  Drivers licence [ ]  ID card [ ]  Entitlement card [ ]  Other (specify):

# Registered body details

Registered body name/code: Click or tap here to enter text.

Countersignatory name: Click or tap here to enter text.

Countersignatory code: Click or tap here to enter text.

# Countersignatory declaration

I declare that the disclosure record is requested for the purpose of enabling or assisting me (or any other person for whom I act) to consider the applicant's suitability to do, or to be offered or supplied for, the type(s) of regulated work specified in this application. I understand the following:

* Disclosure Scotland will use the information I have given to check and process this application. It will also use it for the purpose of the Scheme, for the prevention or detection of crime and for other related purposes.
* Disclosure Scotland may pass the information it holds about me to other Government departments or organisations, the police and other law enforcement agencies for the purposes of the Scheme, of the prevention and detection of crime, of the apprehension and prosecution of offenders and for other related purposes.

I confirm that the information I have supplied is complete and correct. I understand that to knowingly make a false statement in this application is a criminal offence. I will give any additional information that may be required to verify the information given and will immediately notify any changes to this information.

Countersignatory signature: Click or tap here to enter text.

Declaration date: Click or tap to enter a date.

Either a typewritten or scanned signature is valid. There is no need to print and sign a form by hand.

**Only complete these sections if you are an individual employing the applicant to work for you personally.**

# Personal employer details and declaration

Is applicant already undertaking regulated work in the position to which this application relates? [ ]  Yes [ ]  No

Will the work be carried out at the home address of the applicant? [ ]  Yes [ ]  No

Position applied for: Click or tap here to enter text.

Personal employer name: Click or tap here to enter text.

# Personal employer details

Title: Choose an item.
Surname: Click or tap here to enter text.
Forename(s): Click or tap here to enter text.
Address line 1: Click or tap here to enter text.

Address line 2: Click or tap here to enter text.

Town: Click or tap here to enter text.

Country: Click or tap here to enter text.
Postcode: Click or tap here to enter text.

# Personal employer declaration

I declare that the disclosure record is requested for the purpose of enabling or assisting me (or any other person for whom I act) to consider the applicant's suitability to do, or to be offered or supplied for, the type(s) of regulated work specified in this application. I understand the following:

* Disclosure Scotland will use the information I have given to check and process this application. It will also use it for the purpose of the Scheme, for the prevention or detection of crime and for other related purposes.
* Disclosure Scotland may pass the information it holds about me to other Government departments or organisations, the police and other law enforcement agencies for the purposes of the Scheme, of the prevention and detection of crime, of the apprehension and prosecution of offenders and for other related purposes.

I confirm that the information I have supplied is complete and correct. I understand that to knowingly make a false statement in this application is a criminal offence. I will give any additional information that may be required to verify the information given and will immediately notify any changes to this information.

Personal employer signature: Click or tap here to enter text.

Declaration date: Click or tap to enter a date.