**PVG existing member**

**Application form**

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 as optional. Please use block capitals.**

# About you; the individual

Date submitted: 24/08/2020

Application type: PVG Scheme record update - Child

Title: Mr  
Surname: Bloggs  
Forename(s): joe  
Gender: male

Date of birth: 20/08/1980

PVG membership ID: 2001 5623 1689 2345

Are there changes to your personal details that you have not already told us about?  Yes  No

If yes for the above, please specify: complete this section if any of your details on your current PVG certificate have changed

# Your contact details

Email address: joebloggs@bowlsscotland.com

Home telephone: 01234 569457

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

# 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: joe bloggs

Signature date: 24/08/2020

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

1. **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-existing), and then insert your payment reference number below.

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

**Only complete these sections if you are applying for a PVG Scheme record or a PVG Scheme record update. They should be completed by the countersignatory before this form is submitted to Disclosure Scotland.**

# Countersignatory details and declaration

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

Organisation name: scotland bowling club

Position applied for: wellbeing protection officer

Description of role: **Leave Blank**

# 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.

# Countersigning on behalf of another organisation

Countersigning on behalf of another organisation?  Yes  No

Organisation name: 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.

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.

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

# Personal employer details

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.

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.