

## SCHEDULE 1

### Enabling Powers

These Regulations are made under the following provisions of the Police Act 1997—

- (a) sections 113(1)(b); 114(1)(b); 115(1)(b) and (10); 116(1)(b); 118(3) and 125(5); and
- (b) having regard to the meaning of “prescribed” in sections 113(1)(a), (3)(a), (3A)(b) and (5); 114(1)(a); 115(1)(a), (6)(a)(i) and (6A)(b); 116(1)(a); 118(2)(a) and 119(3).

## [<sup>F1</sup>SCHEDULE 2]

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### Textual Amendments

- F1** Sch. 2 omitted in part (17.2.2003) by virtue of [The Police Act 1997 \(Criminal Records\)\(Amendment No. 2\) Regulations 2003 \(S.I. 2003/137\)](#), regs. 1, 3

Changes to legislation: There are currently no known outstanding effects for the The Police Act 1997 (Criminal Records) Regulations 2002. (See end of Document for details)

# Disclosure Application Form



Criminal Records Bureau  
An Executive Agency  
of the Home Office

PO Box 165,  
Liverpool L69 3JD



Form Ref

Disclosure Type


Please complete sections A-H in BLOCK CAPITALS; it is important that you use BLACK INK  
The Disclosure Application Form Guidance Notes will help you complete this form,  
however, if you need additional help please contact the application line on 0870 90 90 844

A		Applicant's details	
1	Title	Mr <input checked="" type="checkbox"/>	Mrs <input checked="" type="checkbox"/> Miss <input checked="" type="checkbox"/> Ms <input checked="" type="checkbox"/> Other <input type="checkbox"/>
2	Surname		
3	Forename(s)		
4	Current address		
5			
6	Town/City		
7	County		
8/9	Postcode	At current address since	MM/YYYY (month and year)
10/11	Date of birth	DD/MM/YYYY	Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>
12	National Insurance number		
B		Details of position for which Disclosure is being requested	
13	Position applied for		
14	Organisation name		
	Organisation address		
15	Address		
16			
17	Town/City		
18	County		
19	Postcode		

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C Additional personal details	
20	Surname at birth (if different)
21	Used until <input type="text"/> (year)
22	Any other surname used
23/24	Used from <input type="text"/> used to <input type="text"/> (year)
25	Any other forename(s) used
26/27	Used from <input type="text"/> used to <input type="text"/> (year)
Place of Birth <i>Please enter town/city names and county/district names in full as recorded on your Birth Certificate</i>	
28	Town/City
29	County/District
30/31	Born in the UK Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> If no, please state country <input type="text"/>
32	Nationality
33	Home telephone number
34	Work telephone number
35	Preferred contact number and time
D Previous addresses <span style="float: right;">Provide your most recent addresses where you have lived the last 5 years; use continuation sheet if necessary</span>	
36	Address
37	
38	Town/City
39	County
40/41	Postcode <input type="text"/> Country <input type="text"/>
42/45	Period at previous address From date <input type="text"/> To date <input type="text"/> (month and year)
E Additional information <span style="float: right;">This information will help us to process your application more quickly</span>	
46	Current marital status Single <input checked="" type="checkbox"/> Married <input checked="" type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input checked="" type="checkbox"/> Separated <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/>
47	Number of financially dependent children under age 18 <input type="text"/>
48/49	Bank/Building Society account Sort code <input type="text"/> Account number <input type="text"/>
50	Employment status Cross ONE box only Employed <input checked="" type="checkbox"/> Self Employed <input checked="" type="checkbox"/> Part-time Employed <input checked="" type="checkbox"/> Unemployed <input checked="" type="checkbox"/> Student <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/>
51	Occupancy status Cross ONE box only Owner occupier <input checked="" type="checkbox"/> Joint occupier <input checked="" type="checkbox"/> Living with parent <input checked="" type="checkbox"/> Renting <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/>
52	Mother's maiden name <input type="text"/>

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F Referee details		Please provide details of an appropriate referee who has known you professionally or personally for at least 2 years	
53	Title	Mr <input checked="" type="checkbox"/>	Mrs <input checked="" type="checkbox"/> Miss <input checked="" type="checkbox"/> Ms <input checked="" type="checkbox"/> Other <input type="checkbox"/>
54	Referee surname		
55	Referee forename(s)		
56	Referee occupation		
57	Home address		
58			
59	Town/City		
60	County		
61	Postcode		
62	Home telephone number		
63	Relationship to applicant	Parent/Guardian <input checked="" type="checkbox"/>	Other <input checked="" type="checkbox"/>
64	Number of years known		
G Payment			
65			
H Applicant declaration and consent			
After you have checked the information provided in Sections A-G, please complete Section H and sign the application form in the space(s) provided.			
66	Do you have any unspent criminal convictions?	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
67	Please cross this box if you have supplied additional information with this application	<input checked="" type="checkbox"/>	
68	<p><b>Declaration by Applicant</b> I confirm that the information that I have provided in support of this application is complete and true and understand that knowingly to make a false statement for this purpose is a criminal offence.</p>	<p>Signature of applicant (please sign in the box provided)</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	
69	<p><b>Consent of Applicant</b> I consent to the CRB checking the details I have provided in support of this application against the data sources specified in the notes for guidance, in order to verify my identity and process this application. These details may be recorded and used to assist other organisations for identity verification purposes.</p>	<p>Signature of applicant to indicate consent (please sign in the box provided)</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	
70			
<p>After you have signed the form please send it to the person who asked you to apply for a Disclosure - DO NOT return the form to the CRB at this stage.</p>			

**Changes to legislation:** There are currently no known outstanding effects for the The Police Act 1997 (Criminal Records) Regulations 2002. (See end of Document for details)

**SECTIONS X-Z MUST NOT BE COMPLETED BY APPLICANT**

<b>X</b>		<b>Evidence of identity seen by the employer/volunteering organisation/Registered Body</b>		(Please refer to the Code of Practice and your guidance notes)
1/2	Passport number	<input type="text"/>	Date of birth	<input type="text"/>
3/4	Nationality	<input type="text"/>	Issue date	<input type="text"/>
5/6	Driving licence number	<input type="text"/>	Date of birth	<input type="text"/>
7/8	Licence type	Paper <input checked="" type="checkbox"/> Photocard <input checked="" type="checkbox"/>	Licence valid from	<input type="text"/>
9	Country of issue	UK <input checked="" type="checkbox"/> Other <input type="text"/>		
10/11	Birth Certificate Date of Birth	<input type="text"/>	Issue date	<input type="text"/>
12	Country of issue	UK <input checked="" type="checkbox"/> Other <input type="text"/>		
13/14	Marriage Certificate Issue date	<input type="text"/>	P45 or P80 National Insurance number	<input type="text"/>
15	Current address details checked against documentation	Yes <input checked="" type="checkbox"/>		
16	Evidence seen and checked by	Name <input type="text"/>		
<b>Y</b>		<b>Statement by Registered Person</b>		(Please refer to the Code of Practice and your guidance notes)
1/2	Registered Body number	<input type="text"/>	Countersignatory number	<input type="text"/>
3/4	The position involves working with children	<input checked="" type="checkbox"/>	The position involves regular contact with vulnerable adults	<input checked="" type="checkbox"/>
5	The category code for this position is	<input type="text"/>		
6/7	The level of criminal record check required in respect of this application is	Standard <input checked="" type="checkbox"/> Enhanced <input checked="" type="checkbox"/>		
8	Registered Body to pay	On account <input checked="" type="checkbox"/> Payment enclosed <input checked="" type="checkbox"/> Volunteer-no payment due <input checked="" type="checkbox"/>		
9	<p><b>Declaration by Registered Person</b>                      I certify that this application is required for the purpose of asking an exempted question under the terms of The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and that the checks requested are in accordance with the relevant legislation, as specified in the guidance notes. I confirm that the information that I have provided in support of this application is complete and true and understand that knowingly to make a false statement for this purpose is a criminal offence.</p>	<p>Signature of Registered Person (please sign in the box provided)</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>		
10	Date of countersignature	<input type="text"/>		
<b>Z</b>		<b>Official use only</b>		
1	Correct payment received	Cheque <input checked="" type="checkbox"/> Postal order <input checked="" type="checkbox"/>		
2		Examined by:	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>	

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F<sup>2</sup>SCHEDULE 3

Fees payable to police authorities

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**Textual Amendments**

**F2** Sch. 3 omitted (6.4.2006) by virtue of The Police Act 1997 (Criminal Records) (Amendment) Regulations 2006 (S.I. 2006/748), regs. 1(1), **2(d)**

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**Changes to legislation:**

There are currently no known outstanding effects for the The Police Act 1997 (Criminal Records) Regulations 2002.