

APPLICATION FOR A CRIMINAL BACKGROUND CHECK AND SUITABILITY TO WORK WITH CHILDREN
(Please complete in block capitals)

Position: _____

School and/or employer: _____

Part 1-To be completed by applicant

Mr/Mrs/Miss/Ms/Dr/Rev/Other: _____ Surname: _____
(Circle as appropriate)

Forename(s): _____

Previous surname(s): _____ Previous forename(s): _____

Present address: _____

Postcode: _____

Place of birth *(Town/City)* _____ Date of birth:

--	--	--	--	--	--	--	--

Driving Licence No:

--	--	--	--	--	--	--	--	--	--

 National Ins No:

--	--	--	--	--	--	--	--	--	--

Works No: *(If any)* _____

Have you been convicted or cautioned for any offence? *(Please Tick)* Yes No

Have you ever had any involvement in or been the subject of an investigation into the abuse of children or adults? *(Please Tick)* Yes No

If Yes, please give details and outcome of all incidents _____

(Please continue on separate sheet)

Please list all previous addresses within the last 5 years

From: _____ To: _____	From: _____ To: _____	From: _____ To: _____
Address 1: _____ _____ _____	Address 2: _____ _____ _____	Address 3: _____ _____ _____
Postcode: _____	Postcode: _____	Postcode: _____

(Please continue on separate sheet)

Have you ever lived elsewhere apart from Northern Ireland ? *(Please Tick)* Yes No

If Yes, please give details _____

Postcode: _____

THE PARTICULARS GIVEN ABOVE ARE ACCURATE TO THE BEST OF MY KNOWLEDGE AND I GIVE PERMISSION FOR THE CHECK TO BE MADE TO PSNI AS INDICATED BELOW.

Signed: _____ Date: _____

Please see Notes for Completion overleaf

THIS PAGE TO BE COMPLETED BY EMPLOYER (PART 2) AND PSNI (PART 3) ONLY

Part 2 -To be completed by Employer

I request the PSNI to undertake a check of Criminal and other Records. I declare that any information given will be in respect of the above post. I declare that any information given will be treated in strict confidence and used only in accordance with the relevant guidance.

Signed: _____ Name in capitals: _____ Date: _____
(Original signature of nominated/deputy nominated officer)

Address: _____

Business Stamp

PLEASE FORWARD FORM TO PSNI CRIMINAL RECORDS OFFICE

Part 3 -To be completed by PSNI – Criminal Records Office

No trace of above applicant on the details provided.

The subject may be the individual to whom the attached information refers.

Signed: _____ Rank: _____ Date: _____

PLEASE RETURN COMPLETED FORM TO EMPLOYING AUTHORITY (as shown in Pt 2)

Notes for completion:

1. Works Number - Teachers should use Teacher Reference Number.
2. Under the Rehabilitation of Offenders (Exception) Order (NI) 1979 as amended, convictions that are spent must be disclosed.
3. Ensure all details are completed accurately before signing and submitting to employer.
4. You will be advised by the employing authority when criminal records check has been completed.