

The Protection of Vulnerable Groups (Scotland) Act 2007 (Form and Manner of Application to Join the PVG Scheme via an organisation) Determination 2021

The Scottish Ministers make the following determination in exercise of the powers conferred by section 71(1) of the Protection of Vulnerable Groups (Scotland) Act 2007 and all other powers enabling them to do so.

This Determination may be cited as the Protection of Vulnerable Groups (Scotland) Act 2007 (Form and Manner of Application to Join the PVG Scheme via an organisation) Determination 2021 and has effect from 1 July 2021.

The Scottish Ministers determine that the form and manner of an application to Disclosure Scotland to apply to:

- join the Scheme under section 45(1)(a), (b) or (c) of the Protection of Vulnerable Groups (Scotland) Act 2007 (participation in the Scheme) and simultaneously request the disclosure of a scheme member's scheme record under section 52 of the Protection of Vulnerable Groups (Scotland) Act 2007,

is:

- on paper (Annex 1).
- by the PVG online portal on Disclosure Scotland's website (Annex 2)

Gerard Hart

Chief Executive
Disclosure Scotland
1 Pacific Quay
Glasgow

Date: 30 June 2021



Disclosure SCOTLAND
Application to Join PVG Scheme



FOR OFFICIAL USE ONLY

- PLEASE REFER TO THE ACCOMPANYING GUIDANCE NOTES AS YOU COMPLETE THE FORM.
- Please print in CAPITAL letters within the white boxes and do not make a mark on any other part of the form. We recommend you use blue or black ink.
- Applicants should complete PARTS A, B, and C on pages 1, 2, and 3 of the form which are coloured lilac. The Applicant may also have to complete PART D depending on whether or not they are paying for the application. Please check payment arrangements before completing PART D. PARTS E and F should be completed by the registered body (if any) and PARTS G and H should be completed by the personal employer (if any).
- **Mandatory fields are highlighted in yellow.** You must provide information in these fields or your application will be delayed.
- Please make a note of the Barcode Number at the top of the page to assist with any future query.

PART A Type of Application (Read Note A)

A1 Cross (X) one box only. Scheme Membership Statement Scheme Record Scheme Membership Statement (Countersigned)

A2 Cross (X) each box that applies. This application relates to regulated work with: Children Protected Adults

A3 Do you wish to apply for an online account with Disclosure Scotland? Yes No If 'Yes', complete B21/B22.

PART B Personal Details (Read Note B)

Name(s)

B1 Title Mr Mrs Ms Miss Other

B2 Present Surname

B3 Present Forename(s)

B4

B5 Are you now, have you ever been, or were you at birth known by a different name? Yes No If 'Yes', enter details below.

B6 Surname

B7 Forename(s)

B8

B9 Surname

B10 Forename(s)

B11

B12 If you require more space use a separate piece of paper and cross (X) this box.

B13 Mother's Maiden or Family Name

Birth Details

B14/B15 Date of Birth DD / MM / YYYY Gender Male Female

B16 Town of Birth

B17 Country of Birth

B18 Nationality

Contact Details

B19 Day Contact No.

B20 Evening Contact No.

B21 Email Address

B22

PROTECT – PERSONAL (WHEN COMPLETED)

Additional Information, Current Address & Address History

Additional Information

B23 Do you have a UK National Insurance Number? Yes No If 'Yes', enter details below.
B24 National Insurance No.
B25 Do you have a Passport? Yes No If 'Yes', enter details below.
B26 Full Passport No.
B27 Country of Issue
B28 Do you have a Driving Licence? Yes No If 'Yes', enter details below.
B29 Driving Licence No.
B30 Country of Issue
B31 Do you have a National Identity Card? Yes No If 'Yes', enter details below.
B32 National Identity Card No.
B33 Country of Issue
B34 National Entitlement Card No.
B35 Electricity Supplier No.
B36 Are you now, or have you ever been a member of the PVG Scheme? Yes No If 'Yes', enter details below.
B37 PVG Scheme ID
B38 Are you now, or have you ever been registered with the ISA? Yes No If 'Yes', enter details below.
B39 ISA Registration No.

Current Address

This is the address which will be printed on the applicant's certificate, and to which the certificate will be sent.

B40 Address (Number, Street)
B41
B42 Post Town
B43 County
B44/B45 Post Code Resident From /
B45 Country

Address History

Please provide your address history in the last five years. (Most recent first, excluding current address.)

B47 Address (Number, Street)
B48
B49 Post Town
B50 County
B51/B52 Post Code Resident From /
B53 Country

B54 Address (Number, Street)
B55
B56 Post Town
B57 County
B58/B59 Post Code Resident From /
B60 Country

PROTECT – PERSONAL (WHEN COMPLETED)

PROTECT – PERSONAL (WHEN COMPLETED)



PROTECT – PERSONAL (WHEN COMPLETED)

Personal Employer Details and Declaration

PART G To be completed by a Personal Employer (Read Note G)

Role Details

G1 Is the Applicant already undertaking regulated work in the position to which this application relates? Yes No

G2 Will the work be carried out at the home address of the Applicant? Yes No

G3 Position Applied For

G4

Personal Employer Details

G5 Title Mr Mrs Ms Miss Other

G6 Surname

G7 Forename(s)

G8

G9 Contact Phone No.

G10 Email Address

G11

Personal Employer Address This is the address your copy of the certificate will be sent to.

G12 Address (Number, Street)

G13

G14 Post Town

G15 County

G16 Post Code

G17 Country

PART H Declaration (Read Note H)

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 purposes of the Scheme, for the prevention or detection of crime and for other related purposes.
- Disclosure Scotland may pass the information 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.

H3/H2 Signature PLEASE KEEP SIGNATURE WITHIN BOX Signature Date DD / MM / YYYY

Please send completed application forms to: Disclosure Scotland, PO BOX No. 250, GLASGOW G51 1YU.

Address History (continued), Regulatory Body Details and Declaration

Address History (continued)

B61 Address (Number, Street)

B62

B63 Post Town

B64 County

B65/B66 Post Code Resident From DD / MM / YYYY

B67 Country

B68 Address (Number, Street)

B69

B70 Post Town

B71 County

B72/B73 Post Code Resident From DD / MM / YYYY

B74 Country

B75 Address (Number, Street)

B76

B77 Post Town

B78 County

B79/B80 Post Code Resident From DD / MM / YYYY

B81 Country

B82 If you require more space use a separate piece of paper and cross (X) this box.

Regulatory Body Details (see Guidance Notes)

B83 Are you registered with any Regulatory Body listed in the guidance notes? Yes No If 'Yes', enter details below.

B84/B85 Regulatory Body Code Registration No.

B86/B87 Regulatory Body Code Registration No.

PART C Declaration (Read Note C)

I apply to join the Scheme under the Protection of Vulnerable Groups (Scotland) Act 2007 ("Scheme"). 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 purposes 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.

C/H2 Applicant's Signature PLEASE KEEP SIGNATURE WITHIN BOX Signature Date DD / MM / YYYY

PROTECT – PERSONAL (WHEN COMPLETED)

Payment

PART D Payment (Read Note D)

If you, as the Applicant, are paying for this application, complete PART D. If you are not paying for it, leave PART D blank and forward the form directly to the person who will be countersigning it.

- D1 Is this application in respect of a volunteer doing regulated work for a qualifying voluntary organisation? Yes No
- D2 If this PVG Application is to be paid for by a Registered Body or Personal Employer, they should cross (X) this box and complete PART D.

D3 Method of Payment

Registered Body Invoice Cheque VISA Master Card Maestro
 Solo VISA Electron VISA Debit/Delta Postal Order Voucher

Please make cheques payable to 'Disclosure Scotland'. We recommend the cheque is completed in blue or black ink.

Credit/Debit Card Payments

D4 Card Number This is the large number written across the middle of your card. Do not leave blank spaces.

D5/D6 Expiry Date / Issue Number (If applicable)

D7 Name of Cardholder

D8/D9 Cardholder's Signature Signature Date / /

Voucher Payment

D10 Voucher Number

COUNTERSIGNED APPLICATIONS - send completed application forms to the person who will be countersigning your application.
 NON-COUNTERSIGNED APPLICATIONS - send completed application forms to: Disclosure Scotland, PO BOX No. 250, GLASGOW G51 1YU.

FOR DISCLOSURE SCOTLAND USE ONLY. DO NOT WRITE BELOW THIS LINE.

Correct Payment Amount Sort Code

Account Number Cheque Number

Other

Initials

PROTECT – PERSONAL (WHEN COMPLETED)

PROTECT – PERSONAL (WHEN COMPLETED)

Registered Body: Countersignatory Details and Declaration

PART E Countersignature - To be completed by the Countersignatory (Read Note E)

Role Details

E1 Is the Applicant already undertaking regulated work in the position to which this application relates? Yes No

E2 Will the work be carried out at the home address of the Applicant? Yes No

E3 Organisation Name

E4

E5 Position Applied For

E6

Confirmation of Identity

The person countersigning must satisfy themselves as to the identity of the Applicant. A minimum of three forms of identity must be checked; if possible, one of them should be photographic. These should confirm the name, the date of birth and the current home address of the Applicant. Cross the appropriate boxes below to confirm what has been checked.

E7 Birth Certificate Passport Driving Licence (with photograph) Driving Licence (without photograph) National ID Card National Entitlement Card Other

If 'Other', please state the form of identification seen.

E8

E9

E10 Authentication Reference No.

Registered Body Details

E11 Registered Body Name

E12 Registered Body/ Sub Account Code (Code of account to be invoiced)

E13 Countersignatory Name

E14 Countersignatory Code

Countersigning on Behalf of Another Organisation

E15 Are you countersigning this application on behalf of another organisation? Yes No If 'Yes', supply name of organisation below.

E16 Organisation Name

E17

PART F Countersignatory Declaration (Read Note F)

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 purposes of the Scheme, for the prevention or detection of crime and for other related purposes.
- Disclosure Scotland may pass the information 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.

F1/F2 Signature: Signature Date / /

The signature you supply here will be checked against the sample you supplied on the Registration application.

Please send completed application forms to: Disclosure Scotland, PO BOX No. 250, GLASGOW G51 1YU.

PROTECT – PERSONAL (WHEN COMPLETED)

Begin a new Scheme Record for joining the PVG scheme

Before you start

To complete this form, you will need:

- your organisation's registered body code or sub account code - as provided by Disclosure Scotland
- your countersignatory code - as provided by Disclosure Scotland

Need help?

If you don't have these details, or need help with any other part of the application process, you can speak to someone at Disclosure Scotland. To do so:

- call **0300 020 0040** (calls charged at a standard rate, [find out more about charges \(opens in a new tab\)](#))
- email response@disclosurescotland.gov.scot

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Your organisation and countersignatory details

Now you need to add your organisation's details and your details as a countersignatory.

You should complete each section on this page.

Your organisation's name

Your organisation's Registered Body or Sub Account code

Your name as the countersignatory

Your countersignatory code

Your work email address

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Countersigning on behalf of another organisation

You should complete each section on this page.

Are you countersigning this application on behalf of another organisation?

No

Yes

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The applicant's personal details

Please complete the applicant's details. Please note that all fields relate to the applicant only.

You should complete each section on this page unless it is stated as optional.

First name

Middle name (optional)

Last name

Date of birth (For example, 05 04 1983)

Day

Month

Year

Email address

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Continue >

The applicant's current address

Please tell us the applicant's current address.

You should complete each section on this page unless it is stated as optional.

Postcode

Find UK address

[Enter address manually](#)

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Continue >

DETERMINATION

The applicant's current address

Please tell us the applicant's current address.

You should complete each section on this page unless it is stated as optional.

Postcode

[Find UK address](#)

Please select your address

[Enter address manually](#)

Address line one

Address line two (optional)

City/town

County/province (optional)

Country

Postcode

[← Back](#)[Continue →](#)

The applicant's role details

Please complete the applicant's role details. Please note that all fields relate to the applicant only.

You should complete each section on this page.

Organisation the applicant will be working for

Position applied for

Who will the applicant work with?

Protected adults

Children

Will the work be carried out at the home address of the applicant?

Yes

No

Is this applicant a volunteer performing regulated work for a qualifying voluntary organisation?

Yes

No

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[Continue →](#)

Payment details

You must answer this question to continue.

This application will cost £59. Please select the payment method.

The applicant will be responsible for paying by card

My organisation will pay by card

My organisation will pay by invoice

This is a free application for a critical role responding to COVID-19

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Check application details

Please review and ensure the details you've entered for the applicant are correct.

Organisation details

Organisation name	Kovacek, Quigley and Miller	Change
Registered Body code	KOV1508105	Change
CSG name	Rosette Wolff	Change
CSG code	CSG232042	Change
CSG email address	DSAmbassadorTeam@disclosurescotland.gov.scot	Change
Countersigning on behalf of another organisation	No	Change

Applicant personal details

Applicant name	Patrick McClure	Change
Applicant email address	DSAmbassadorTeam@disclosurescotland.gov.scot	Change
Applicant date of birth	10 May 1952	Change
Applicant's current address	Disclosure Scotland PO Box 250 GLASGOW Lanarkshire GB G51 1YU	Change

Applicant role details

Position applied for	nurse	Change
Organisation the applicant will be working for	Kovacek, Quigley and Miller	Change
Working with	Children	Change
Working at home?	No	Change
Working as a volunteer for a qualifying organisation?	No	Change

Payment details

Payment by	COVID-19 application	Change
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Countersignatory declaration

I declare that I am the countersignatory named on this page and responsible for this application. I have reviewed the details on this page and am satisfied they are correct.

I have read and agree to this declaration

You must agree to this declaration to continue with your application.



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Verify applicant's identity

I declare that my organisation has verified three forms of identity (including one that is photographic) to confirm the applicant's:

- name
- date of birth
- current address

I confirm the above information is complete and correct

Identity verified

You must have verified the applicant's identity to continue with your application.

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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 the application. I understand the following:

- Disclosure Scotland will use the information I have given to check and process the 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 purpose of the Scheme, of the prevention and detection of crime, of the apprehension and prosecution of offenders and 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.

I confirm that as the countersignatory, I will submit this application.

I have read and agree to this declaration

You must agree to this declaration to continue with your application.

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[Submit →](#)

Thank you for starting this application

The applicant will now be sent an email telling them that they can start their section of the application.

Your reference number:

T00013442

What happens next?

1. The applicant will receive an email from Disclosure Scotland. This email will contain a unique link to their online application.
2. The applicant will have **7 days only** to follow the link and complete the application - **after 7 days the link will expire**. Please note: you will have to restart the process and submit a new application if the link expires.
3. Once the applicant completes their section of the form, you'll receive an email. For security reasons, this email will contain the application reference number and not the applicant's name.
4. Disclosure Scotland will process the application and inform you of the outcome.

Start a new application >

Get help

If you need to speak to Disclosure Scotland:

- call **0300 020 0040** (calls charged at a standard rate, [find out more about charges \(opens in a new tab\)](#))
- email response@disclosurescotland.gov.scot

Give Feedback

Overall, how do you feel about the service you have experienced today?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

Send Feedback >

Thank you for starting this application

The applicant will now be sent an email telling them that they can start their section of the application.

Your reference number:

T00013442

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1. The applicant will receive an email from Disclosure Scotland. This email will contain a unique link to their online application.
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Start a new application >

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Give Feedback

Overall, how do you feel about the service you have experienced today?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

Send Feedback >

Apply to join the Protecting Vulnerable Groups scheme (PVG scheme)

The PVG scheme is a membership scheme managed by Disclosure Scotland

About the PVG scheme

Before you apply, it's important you know what it means to be a member. The main points are listed below. You can read more on [our PVG scheme \(opens in a new tab\)](#) page.

Joining the PVG scheme means:

- Disclosure Scotland will access your criminal record (if you have one)
- Disclosure Scotland will share details of this record with the organisation you apply to work for
- Disclosure Scotland will keep checking your record unless you leave the scheme

Before you start

- **details of your address history for the last 5 years** (month and year)
- **your National Insurance number** (if you have one)
- **your passport number** (if you have one)
- **your driving licence number** (if you have one, this can be full or provisional)
- **your regulatory body number, if you are a member of a regulatory body** (e.g SSSC)

i Please note that you won't be able to save this application and return to it. Please have the information listed above ready before starting your application.

[Apply now](#) >

Need help?

If you don't have these details, or need help with any other part of the application process, you can speak to someone at Disclosure Scotland. To do so:

- call **0300 020 0040** (calls charged at a standard rate, [find out more about charges \(opens in a new tab\)](#))
- email response@disclosurescotland.gov.scot



Your personal information

Disclosure Scotland:

- will use the information you give us to process your application
- will use this information and any other relevant information to prevent or detect crime, to apprehend and prosecute offenders, and to safeguard children and protected adults, and for other related purposes
- will only keep the data for as long as it's needed to fulfil these purposes
- may pass the information it holds about you to other Government departments or organisations, the police and other law enforcement agencies
- will regularly check the information it holds about you

You can read our [privacy statement \(opens in a new tab\)](#) for more information on how we use, keep and share your personal information.

I give Disclosure Scotland permission to keep and share my personal information for these purposes

You must give permission for your personal information to be kept and shared to continue with your application.

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Continue >

Check application details

Check the details for this position are correct before you apply. If there are any errors, please contact the person who sent you this application.

Position details

Position applied for	nurse
Working for	Kovacek, Quigley and Miller
Application type	Scheme Record
Working with	Children

i This information has been supplied by the organisation you will be working for. If the details are incorrect, you must contact the organisation.

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Continue >

Your full name and previous names

Please enter your full name, including any middle names. Please do not use initials.

If you're transgender or non-binary and are concerned about completing this form, read the advice on the ['Information for transgender disclosure applicants' \(opens in a new tab\)](#) page.

You should complete each section on this page unless it is stated as optional.

Title

First name

Middle names (only leave this empty if you have no middle names)

Last name

Have you ever been known by a name that's different to the one you use now?

If you have changed your name - through marriage, civil partnership or for any other reason - then we need to know about it so we can accurately check your criminal record.

These names will only be used for this purpose and will not be shared.

No

Yes

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DEI

Your mother's maiden name

Please tell us your mother's maiden name. This should be the surname given to her at birth. It is not a first name or a middle name so please don't include those.

If you were adopted, you can use your adopted mother's maiden name.

You should complete this section.

Mother's maiden name or family name

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Your date of birth

If you don't know your date of birth, use the one on official documents, such as your passport or driving licence.

For example, 05 04 1983

You should complete this section.

Day

Month

Year

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Continue >



Your gender

Please enter the gender you identify as. If you're transgender or non-binary and are concerned about completing this form, read the advice on the '[Information for transgender disclosure applicants \(opens in a new tab\)](#)' page.

You should complete this section.

- Female
- Male

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Your place of birth

If you don't know your place of birth, use the one on official documents, such as your passport or driving licence.

You should complete each section on this page.

Town of birth (such as a town, city or province)

Country of birth

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Close

Your nationality

If you don't know your nationality, use the one on official documents, such as your passport or driving licence.

You should complete this section.

- British (including Scottish, English, Welsh and Northern Irish)
- Irish
- Citizen of another country

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Continue >

Your contact details

We may need to contact you whilst we process your application. Please provide both a phone number and an email address - it may slow down your application if you don't.

You should complete each section on this page unless it is stated as optional.

Email address (this can be any email address that you check frequently)

UK mobile telephone number Your mobile telephone number should be 11 digits. For example, 07123 123456 (optional)

UK landline telephone number Your landline number should be 11 digits. For example, 01234 123456 (optional)

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Your address history

The following questions are about your address history.

We need to know where you have lived since June 2016, with no gaps. You'll need to tell us both the month and year you moved into each property.

If you have been a student during this time, please enter all of your term-time and vacation addresses.

If you have lived in emergency accommodation during this time, please enter the name of the shelter you were living in.

If you have spent time travelling during this time, please tell us what town and country you were in.

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Your current address

Please tell us your current address and the month and year you moved there.

You should complete each section on this page unless it is stated as optional.

Postcode

[Find UK address](#)

[Enter address manually](#)

When did you move here?

For example, 09 2015.

Month

Year

[Back](#)[Continue](#)

Your address history is complete

You've given us your complete address history for the last 5 years. Please check and confirm these details before proceeding.

Your address	From	To	Action
7824 Predovic Fords, East Wilton, K1T 5NN	June 2011	Now	Edit Delete

[Back](#)[Continue](#)

DELETED

National Insurance Number

Please let us know if you have a National Insurance (NI) number. It will help us process your application.

[▶ Where can I find my NI number?](#)

You should complete each section on this page.

Do you have a National Insurance Number?

No

Yes

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[Continue ▶](#)

Passport

You should complete each section on this page.

Do you have a passport?

No

Yes

[◀ Back](#)

[Continue ▶](#)

Do you have a driving licence?

This can be a full or provisional licence.

You should complete each section on this page.

No

Yes

[◀ Back](#)

[Continue ▶](#)

Regulatory Body details

Using the list below, please tell us if you're a member of any regulatory body. For example, the General Medical Council, which regulates doctors working in the UK.

Please select all regulatory bodies that apply. You can be a member of more than one body.

You should complete this section.

Please select all Regulatory Bodies you are a member of

- Care Inspectorate
- General Chiropractic Council
- General Dental Council
- General Medical Council
- General Optical Council
- General Osteopathic Council
- General Teaching Council for Scotland
- Health and Care Professions Council
- Nursing and Midwifery Council
- General Pharmaceutical Council
- Scottish Social Services Council
- I am not a member of any of these Regulatory Bodies

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DEVELOPMENT

Check your answers

Make sure your answers are complete and correct. If you need to change any of your details, change them at this stage.

About you

Name	Mr patrick moclure	Change
Previous names	You have always been known by the same name	Change
Mother's maiden name	Harvey	Change
Date of birth	10 May 1952	Change
Gender	Male	Change
Place of birth	Leschmouth, United Kingdom	Change
Nationality	United Kingdom	Change

Contact details

Email address	DSAmbassadorTeam@disclosurescotland.gov.scot	Change
Mobile telephone number	Not provided	Change
Landline telephone number	Not provided	Change

Address history

Current address	7824 Predovic Fords East Wilton GB K1T 5NN From June 2011 - now	Change
Previous addresses	None	Change

Your identifying information

National Insurance number	XH 54 94 50 B	Change
Passport	Not provided	Change
Driving licence	Not provided	Change

Regulatory Body membership

Regulatory Body	None	Change
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Declaration

I apply to join the Scheme under the Protection of Vulnerable Groups (Scotland) Act 2007 ('Scheme'). 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 purposes 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, the prevention and detection of crime, 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.

I have read and agree to this declaration

You must agree to this declaration to continue with your application.

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[Submit →](#)

DETERMINED

Thank you for your application

Your application has been submitted to Disclosure Scotland. Please take a note of the reference number as this may be needed in the future.

Your reference number:

T00013442

What happens next?

1. Disclosure Scotland will process your application
2. Disclosure Scotland will inform you of the outcome

Get help

To check the status of your application, please contact the organisation that invited you to apply.

To speak to someone at Disclosure Scotland:

- call **0300 020 0040** (calls charged at a standard rate, [find out more about charges \(opens in a new tab\)](#))
- email response@disclosurescotland.gov.scot

Give Feedback

Overall, how do you feel about the service you have experienced today?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

Send Feedback

