

**Protection of Vulnerable Groups (Scotland) Act 2007 (Form and Manner of  
Disclosure Request by existing scheme member to 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 Disclosure Request by existing scheme member to 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 request:

- the disclosure of a scheme member's scheme record under section 52 of the Protection of Vulnerable Groups (Scotland) Act 2007, or the disclosure of a scheme member's short scheme record under section 53 of the Protection of Vulnerable Groups (Scotland) Act 2007 is on paper (Annex 1);
- the disclosure of a scheme member's short scheme record under section 53 of the Protection of Vulnerable Groups (Scotland) Act 2007 is by the PVG online portal on Disclosure Scotland's website (Annex 2A);
- the disclosure of a scheme member's scheme record under section 52 of the Protection of Vulnerable Groups (Scotland) Act 2007 is by the PVG online portal on Disclosure Scotland's website (Annex 2B).

**Gerard Hart**

Chief Executive  
Disclosure Scotland  
1 Pacific Quay  
Glasgow

Date: 30 June 2021

PROTECT – PERSONAL (WHEN COMPLETED)

### Personal Employer Details and Declaration

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

**Role Details**

G1 Will the work be carried out at the home address of the Applicant? Yes  No

G2 Position Applied For \_\_\_\_\_

G3 \_\_\_\_\_

**Personal Employer Details**

G4 Title Mr  Mrs  Ms  Miss  Other \_\_\_\_\_

G5 Surname \_\_\_\_\_

G6 Forename(s) \_\_\_\_\_

G7 \_\_\_\_\_

G8 Contact Phone No. \_\_\_\_\_

G9 Email Address \_\_\_\_\_

G10 \_\_\_\_\_

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

G11 Address (Number, Street) \_\_\_\_\_

G12 \_\_\_\_\_

G13 Post Town \_\_\_\_\_

G14 County \_\_\_\_\_

G15 Post Code \_\_\_\_\_

G16 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.


H1/H2 Signature: PLEASE KEEP SIGNATURE WITHIN BOX Signature Date: 00 / 00 / 0000

Please send completed application forms to: Disclosure Scotland, PO BOX No. 250, GLASGOW G61 1YU.

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PROTECT – PERSONAL (WHEN COMPLETED)

### Existing PVG Scheme Member Application



safer scotland  
LAW ENFORCEMENT

• 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 page 1 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.

FOR OFFICIAL USE ONLY

**PART A Type of Application (Read Note A)**

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

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

A3 Are you already a scheme member in relation to ALL types of regulated work selected in A2? Yes  No

A4 If you currently do not have an online account, do you wish to apply for one with Disclosure Scotland? Yes  No

If yes, provide/confirm your email address below in fields A5/A6.

A5 Email Address \_\_\_\_\_

A6 \_\_\_\_\_

**PART B Personal Details (Read Note B)**

**Personal Details**

B1 PVG Scheme ID \_\_\_\_\_

B2 Title Mr  Mrs  Ms  Miss  Other \_\_\_\_\_

B3 Surname \_\_\_\_\_

B4 Forename(s) \_\_\_\_\_

B5 \_\_\_\_\_

B6 Date of Birth 00 / 00 / 0000

B7 Are there changes to your personal details that you have not already told us about? (See guidance) Yes  No

If 'Yes' please supply these on a separate piece of paper.

**Regulatory Body Details (see Guidance Notes)**

B8 Have you registered with a Regulatory Body listed in the guidance notes since your last PVG Application? Yes  No  If 'Yes', enter details below.

B9/B10 Regulatory Body Code \_\_\_\_\_ Registration No. \_\_\_\_\_

B11/B12 Regulatory Body Code \_\_\_\_\_ Registration No. \_\_\_\_\_

**PART C Declaration (Read Note C)**

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.

C1/C2 Applicant's Signature: PLEASE KEEP SIGNATURE WITHIN BOX Signature Date: 00 / 00 / 0000

PROTECT – PERSONAL (WHEN COMPLETED) Page 1 of 4

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 Payments**

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

Registered Body: Countersignatory Details and Declaration

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

**Role Details**

E1 Will the work be carried out at the home address of the Applicant? Yes  No

E2 Organisation Name

E3

E4 Position Applied For

E5

**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.

E6 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.

E7

E8

E9 Authentication Reference No.

**Registered Body Details**

E10 Registered Body Name

E11 Registered Body/ Sub Account Code  (Code of account to be invoiced.)

E12 Countersignatory Name

E13 Countersignatory Code

**Countersigning on Behalf of Another Organisation**

E14 Are you countersigning this application on behalf of another organisation? Yes  No  If 'Yes', supply name of organisation below.

E15 Organisation Name

E16

**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.

# Begin a Scheme Record Update for PVG scheme members

## 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](mailto: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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## 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 [→](#)

## 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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## Payment details

You must answer this question to continue.

**This application will cost £18. 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	<a href="#">Change</a>
Registered Body code	KOV1508105	<a href="#">Change</a>
CSG name	rosette wolff	<a href="#">Change</a>
CSG code	CSG232042	<a href="#">Change</a>
CSG email address	DSAmbassadorTeam@disclosurescotland.gov.scot	<a href="#">Change</a>
Countersigning on behalf of another organisation	No	<a href="#">Change</a>

### Applicant personal details

Applicant name	Patrick McClure	<a href="#">Change</a>
Applicant email address	DSAmbassadorTeam@disclosurescotland.gov.scot	<a href="#">Change</a>
Applicant date of birth	10 May 1952	<a href="#">Change</a>
Applicant's current address	7824 Predovic Fords east wilton GB k1t 5nn	<a href="#">Change</a>

### Applicant role details

Position applied for	doctor	<a href="#">Change</a>
Organisation the applicant will be working for	Kovacek, Quigley and Miller	<a href="#">Change</a>
Working with	Children	<a href="#">Change</a>
Working at home?	No	<a href="#">Change</a>
Working as a volunteer for a qualifying organisation?	No	<a href="#">Change</a>

### Payment details

Payment by	COVID-19 application	<a href="#">Change</a>
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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:

# T00013443

### 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](mailto: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](#) >

# Apply for an Existing Scheme Record Update

As an existing member of the Protecting Vulnerable Groups scheme (PVG scheme) you need to complete a Scheme Record Update.

## About Scheme Record Updates

A Scheme Record Update is issued when:

- a PVG scheme member changes employer
- an employer requests a record update for a PVG scheme member

## Before you start

To complete this form, you will need:

- **your PVG scheme membership number that's on your PVG certificate** (optional)
- **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)

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**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](mailto: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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## 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	doctor
Working for	Kovacek, Quigley and Miller
Application type	Existing Scheme Record Update
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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## Your PVG membership number

This is a 16 digit number which you can find on your PVG scheme certificate.

It's different to your disclosure number or any number you may have from a basic disclosure certificate.

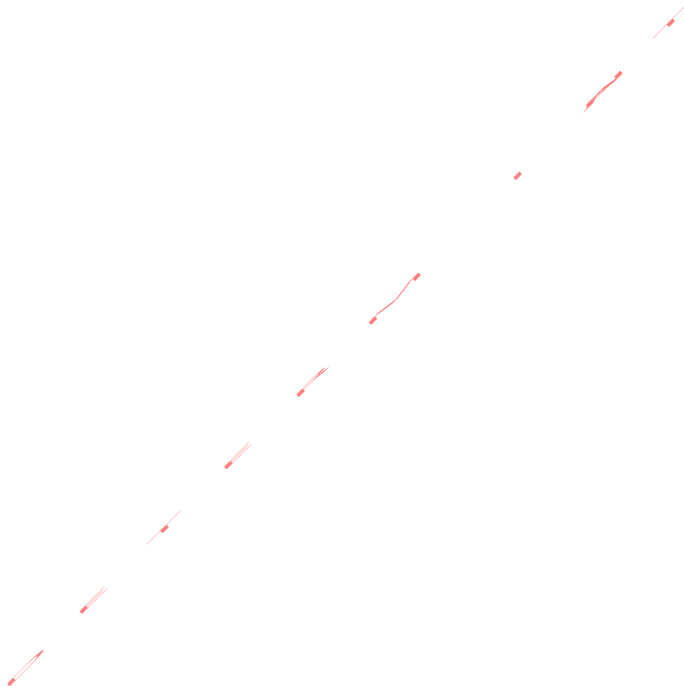
You can still submit your application without your PVG membership number but this may delay your application.

If you cannot find this number, you can get it by calling Disclosure Scotland on **0300 020 0040**.

Please enter your PVG membership number (optional)

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## 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



## 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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## 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 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

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## 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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## Passport

You should complete each section on this page.

Do you have a passport?

No

Yes

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## Do you have a driving licence?

This can be a full or provisional licence.

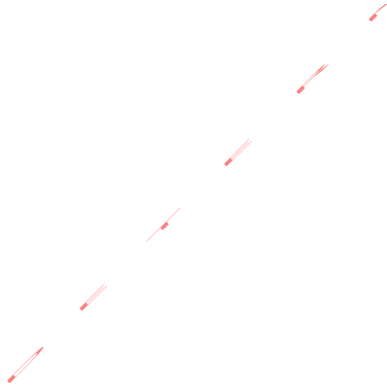
You should complete each section on this page.

No

Yes

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## 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.

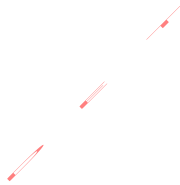
You should complete this section.

### 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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# Review your application

Please make sure your answers are complete and correct.

## Position details

Position applied for	doctor
Working for	Kovacek, Quigley and Miller
Application type	Existing Scheme Record Update
Working with	Children

## Personal details

Name	Mr Patrick McClure	<a href="#">Change</a>
Previous names	You have always been known by the same name	<a href="#">Change</a>
Date of birth	10 May 1952	<a href="#">Change</a>
PVG scheme number	2106078293266489	<a href="#">Change</a>

## Contact details

Email address	DSAmbassadorTeam@disclosurescotland.gov.scot	<a href="#">Change</a>
Mobile telephone number	Not provided	<a href="#">Change</a>
Landline telephone number	Not provided	<a href="#">Change</a>

## Address details

Current address	7824 Predovic Fords East Wilton GB K1T 5NN From June 2011 - now	<a href="#">Change</a>
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## Your identifying information

National Insurance number	XH 54 94 50 B	<a href="#">Change</a>
Passport	Not provided	<a href="#">Change</a>
Driving licence	Not provided	<a href="#">Change</a>

## Regulatory Body membership

Regulatory Body	None	<a href="#">Change</a>
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## Declaration

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 →](#)

### 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:

# T00013443

### 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](mailto: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



# Begin an Existing Scheme Record for PVG scheme members

## 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](mailto:response@disclosurescotland.gov.scot)

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Start >

# 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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Continue >

## 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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## 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](#)

[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

[Continue](#)



## Payment details

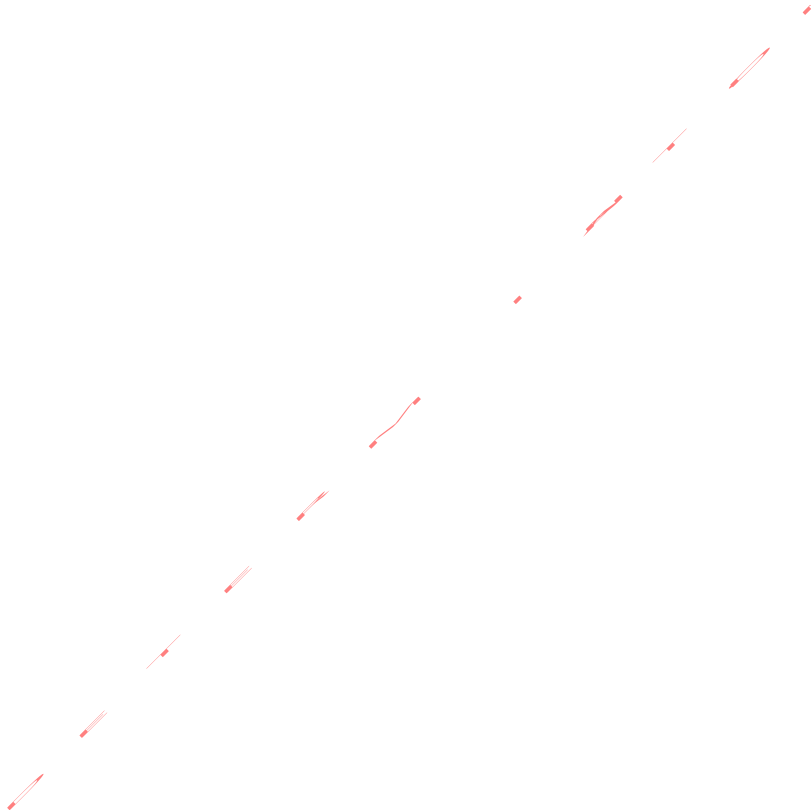
You must answer this question to continue.

**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	<a href="#">Change</a>
Registered Body code	KOV1508105	<a href="#">Change</a>
CSG name	rosette wolffe	<a href="#">Change</a>
CSG code	CSG232042	<a href="#">Change</a>
CSG email address	DSAmbassadorTeam@disclosurescotland.gov.scot	<a href="#">Change</a>
Countersigning on behalf of another organisation	No	<a href="#">Change</a>

### Applicant personal details

Applicant name	INELL STANTON	<a href="#">Change</a>
Applicant email address	DSAmbassadorTeam@disclosurescotland.gov.scot	<a href="#">Change</a>
Applicant date of birth	23 August 1941	<a href="#">Change</a>
Applicant's current address	11943 ANTONIO REST SCHMIDTSIDE GB W8S 2YX	<a href="#">Change</a>

### Applicant role details

Position applied for	DOCTOR	<a href="#">Change</a>
Organisation the applicant will be working for	Kovacek, Quigley and Miller	<a href="#">Change</a>
Working with	Protected adults, Children	<a href="#">Change</a>
Working at home?	No	<a href="#">Change</a>
Working as a volunteer for a qualifying organisation?	No	<a href="#">Change</a>

### Payment details

Payment by	My organisation will pay by invoice	<a href="#">Change</a>
------------	-------------------------------------	------------------------

### 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:

# T00013576

### 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](mailto: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 >

# Apply for an Existing Scheme Record

As an existing member of the Protecting Vulnerable Groups scheme (PVG scheme) you need to complete an Existing Scheme Record.

## About Existing Scheme Records

An Existing Scheme Record is used to update Disclosure Scotland:

- each time a PVG scheme member works with a new vulnerable group. For example, if you worked with vulnerable adults before but your new role involves working with children, you'll need to complete an Existing Scheme Record.

## Before you start

To complete this form, you will need:

- **your PVG scheme membership number that's on your PVG certificate** (optional)
- **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)



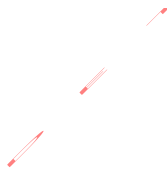
Please note that you won't be able to save this application and return to it. Please have the information listed above ready before starting your application.

**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](mailto: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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## 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	DOCTOR
Working for	Kovacek, Quigley and Miller
Application type	Existing Scheme Record
Working with	Protected adults, 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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## Your PVG membership number

This is a 16 digit number which you can find on your PVG scheme certificate.

It's different to your disclosure number or any number you may have from a basic disclosure certificate.

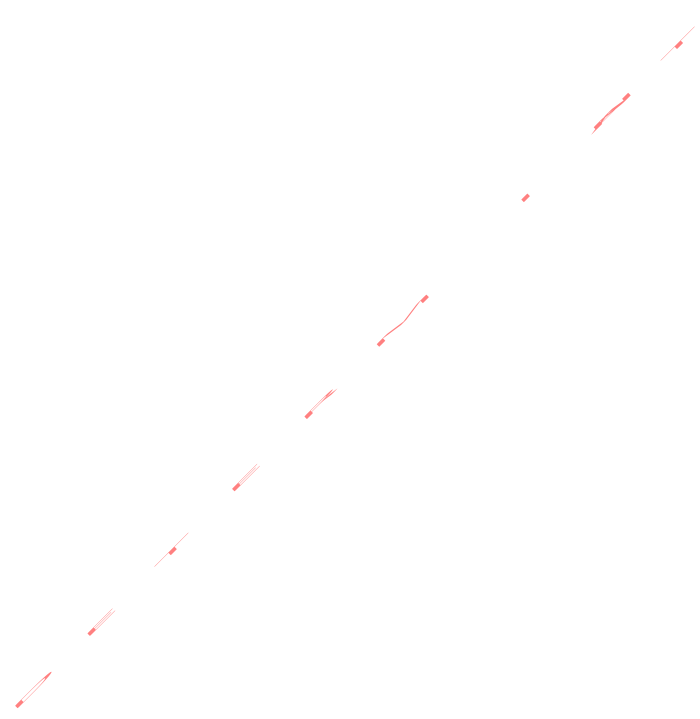
You can still submit your application without your PVG membership number but this may delay your application.

If you cannot find this number, you can get it by calling Disclosure Scotland on **0300 020 0040**.

Please enter your PVG membership number (optional)

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## 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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## 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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## 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 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**

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## 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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## Passport

You should complete each section on this page.

**Do you have a passport?**

No

Yes

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## Do you have a driving licence?

This can be a full or provisional licence.

You should complete each section on this page.

No

Yes

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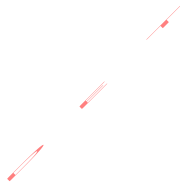
## Regulatory Body details

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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# Review your application

Please make sure your answers are complete and correct.

## Position details

Position applied for	DOCTOR
Working for	Kovacek, Quigley and Miller
Application type	Existing Scheme Record
Working with	Protected adults, Children

## Personal details

Name	Ms inell stanton	<a href="#">Change</a>
Previous names	You have always been known by the same name	<a href="#">Change</a>
Date of birth	23 August 1941	<a href="#">Change</a>
PVG scheme number	2106222629271463	<a href="#">Change</a>

## Contact details

Email address	DSAmbassadorTeam@disclosurescotland.gov.scot	<a href="#">Change</a>
Mobile telephone number	Not provided	<a href="#">Change</a>
Landline telephone number	Not provided	<a href="#">Change</a>

## Address details

Current address	11943 antonio rest schmidtside GB w8s 2yx From June 2011 - now	<a href="#">Change</a>
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## Your identifying information

National Insurance number	HS 19 35 84 B	<a href="#">Change</a>
Passport	Not provided	<a href="#">Change</a>
Driving licence	Not provided	<a href="#">Change</a>

## Regulatory Body membership

Regulatory Body	None	<a href="#">Change</a>
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## Declaration

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 →](#)

### 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:

# T00013576

### 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](mailto: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

