

Protection of Vulnerable Groups (Scotland) Act 2007 (Form and Manner of Disclosure Request by existing scheme member to personal employer) (Business as Usual) 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 personal employer) (Business as Usual) 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 statement of scheme membership under section 54 of the Protection of Vulnerable Groups (Scotland) Act 2007

is:

- on paper (Annex 1), or
- by email via the electronic template on Disclosure Scotland's website (Annex 2).

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 DD / MM / YYYY

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

PROTECT – PERSONAL (WHEN COMPLETED) Page 4 of 4

PROTECT – PERSONAL (WHEN COMPLETED)

Existing PVG Scheme Member Application

Disclosure SCOTLAND **safer scotland**

Protecting Vulnerable Groups Scheme (SAS 01/06/07)

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 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.

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 A6/A8.

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 DD / MM / YYYY

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 person 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 the 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 DD / MM / YYYY

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 <input type="checkbox"/>	No <input type="checkbox"/>
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.	<input type="checkbox"/>	
O3 Method of Payment			
Registered Body Invoice <input type="checkbox"/>		Cheque <input type="checkbox"/>	VISA <input type="checkbox"/> Master Card <input type="checkbox"/> Maestro <input type="checkbox"/>
Solo <input type="checkbox"/>		VISA Electron <input type="checkbox"/> VISA Debit/Delta <input type="checkbox"/>	Postal Order <input type="checkbox"/> Voucher <input type="checkbox"/>
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	PLEASE KEEP SIGNATURE WITHIN BOX	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 <input type="checkbox"/>	No <input type="checkbox"/>
E2	Organisation Name		
E3	Position Applied For		
E4			
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 <input type="checkbox"/>	Passport <input type="checkbox"/>	Driving Licence (with photograph) <input type="checkbox"/> Driving Licence (without photograph) <input type="checkbox"/> National ID Card <input type="checkbox"/> National Entitlement Card <input type="checkbox"/> Other <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/> 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:			
<ul style="list-style-type: none"> 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	PLEASE KEEP SIGNATURE WITHIN BOX	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.			

Existing PVG scheme member

Application form

This form should only be used by existing PVG scheme members who are:

- self-employed
- or working for an individual (personal employer).

Organisations should [apply online](#) for PVG disclosures.

Please send completed forms to: disclosure-applications@disclosurescotland.gov.scot

You can find out more about the laws that govern the disclosure and PVG Scheme membership application process on our [website](#).

All fields **must** be filled unless highlighted as optional. Please use block capitals.

1. About you; the individual

Application type: Choose an item.

Title: Choose an item.

Surname: Click or tap here to enter text.

Forename(s): Click or tap here to enter text.

Gender: Click or tap here to enter text.

Date of birth: Type or select date.

PVG membership ID: Click or tap here to enter text.

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

If yes for the above, please specify: Click or tap here to enter text.

2. Your contact details

Email address: Optional - Click or tap here to enter text.

Home telephone: Optional - click or tap here to enter text.

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

3. Regulatory body details

Are you registered with a regulatory body? Yes No

Regulatory body name/code: Choose an item.

Regulatory body membership number: Click or tap here to enter text.

Regulatory body name/code: Choose an item.

Regulatory body membership number: Click or tap here to enter text.

4. Declaration on application

I request that a disclosure record be issued to the persons specified in this application in relation to the type(s) of regulated work specified. I understand the following:

- Disclosure Scotland will use the information I have given to verify my identity and to check and process my application. Disclosure Scotland will use this information and any other information relating to my Scheme membership for the purpose of the Scheme, for the prevention or detection of crime and for other related purposes. Disclosure Scotland will continuously monitor and update the information it holds about me.
- Disclosure Scotland may pass the information it holds about me to other Government departments or organisations, the police and other law enforcement agencies for the purposes of the Scheme, of the prevention and detection of crime, of the apprehension and prosecution of offenders and for other related purposes.

I declare that the information I have given is complete and correct. I understand that to knowingly make a false statement in this application is a criminal offence. I will give any additional information that may be required to verify the information given and will immediately notify any changes to this information

Applicant's signature:

Signature date:

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

5. Payment

Please use our [payment portal](#) to pay by card, and then insert your payment reference number below.

9-digit payment reference number:

This part should only be completed if you are applying for a **Scheme Membership Statement (countersigned)**. The **personal employer** should complete these sections.

6. Personal employer details

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

Position applied for:

Title:

Surname:

Forename(s):

Address line 1:

Address line 2:

Town:

Country:

Postcode:

7. Personal employer declaration

I declare that the disclosure record is requested for the purpose of enabling or assisting me (or any other person for whom I act) to consider the applicant's suitability to do, or to be offered or supplied for, the type(s) of regulated work specified in this application. I understand the following:

- Disclosure Scotland will use the information I have given to check and process this application. It will also use it for the purpose of the Scheme, for the prevention or detection of crime and for other related purposes.
- Disclosure Scotland may pass the information it holds about me to other Government departments or organisations, the police and other law enforcement agencies for the purposes of the Scheme, of the prevention and detection of crime, of the apprehension and prosecution of offenders and for other related purposes.

I confirm that the information I have supplied is complete and correct. I understand that to knowingly make a false statement in this application is a criminal offence. I will give any additional information that may be required to verify the information given and will immediately notify any changes to this information.

Personal employer signature:

Declaration date: