Archdiocese of Liverpool

Identity Verifier DBS 3C Form
For use with the electronic DBS application process

To be completed by the ID verifier in BLOCK CAPITALS:

Please state the full name of applicant (including any middle names):

_____

Please state any previous names including any middle or maiden names used and the dates the applicant was known by this name (dd/mm/year):

I confirm that the applicant has provided sufficient evidence / explanation to prove ALL their name changes

_____

Parish / Church / Religious Order / Organisation:
_____

All roles' applicants will undertake:

_____

Applicant's email address:

Applicant's telephone number:

Applicant's Date of Birth:

_____

Applicant's Current Address:

Applicant has lived here since (dd/mm/year):

Previous address if you have lived at your current address less than 5 years:

Date you moved in (dd/mm/year):   **Date you moved out (dd/mm/year):**

This form will be retained for 10 years and 1 day after the person leaves their roles or will be superseded by a new DBS 3a when a new application is processed, refer to document retention policy for further details.

(Please tick to confirm)

At least one document provided contains a date of birth ☐

At least one document provided contains a current address ☐

At least one document provided confirms the applicant's current full name ☐

I confirm that I have seen the original identity documents as indicated above and have obtained photocopies ☐

ID Verifier's Full Name:

_____

Name of Parish (include town)/Religious Order or Organisation:

_____

Position (LPSR, Parish Priest or Deacon):

_____

Signed:

Date:

_____

To be completed by the applicant:

I consent to my data being processed online by a secure third-party data processor for the purpose of my DBS application.

I understand if I do not consent to an electronic result being issued to the registered body submitting my application that I must not proceed with my application.

I understand that to withdraw my consent whilst my application is in progress, I must contact the DBS helpline 03000 200 190. My application will then be withdrawn.

Name:

Signed: **Date:**

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