

For AccessNI purposes only

[illegible]

Proving your identity

You will be asked to produce several documents to prove your identity. If you are applying for a Basic Disclosure on your own behalf you will need your identification verified by a PSNI officer (DI). In all other cases the person who asked you to complete this Form (eg your prospective employer) must verify your identification. Acceptable identity documents are listed below.

Valid Identification Documents

Three documents must be produced in the name of the Applicant; **one from Group 1 and two from Group 2**. If this is not possible, then **five documents from Group 2** must be produced. It is preferred that **at least** one of these documents includes photographic identification.

Group 1

- Valid passport (any nationality)
- UK Driving Licence Full or Provisional – England/Wales/Scotland/Northern Ireland/Isle of Man; either photocard or paper (a photocard is only valid if accompanied with the paper counterpart)
- Original UK birth certificate (issued within 12 months of date of birth, full or short form acceptable)
- Valid photo identity card (EU countries only)
- UK Firearms licence
- HM Forces ID card (UK)
- Adoption Certificate (UK)

Group 2

- Marriage certificate/Civil Partnership Certificate
- Non-original UK birth certificate (issued after 12 months of date of birth, full or short form acceptable)
- P45/P60 statement
- Utility bill (electricity, gas, water, telephone – including mobile phone contract/bill)
- Valid TV licence
- Credit card statement
- Store card statement
- Mortgage statement
- Valid insurance certificate
- Certificate of British nationality
- British work permit/visa**
- Asylum Registration Card
- AccessNI Disclosure Certificate
- Personal correspondence or a document from a Government Department*
- Bank or Building Society Document**
- Financial statement e.g. pension, endowment, ISA **
- Valid vehicle registration document
- Mail order catalogue statement*
- Court summons
- Valid NHS card
- Court Claim Form
- Addressed payslip*
- National insurance number card
- Examination certificate (e.g. GCSE, NVQ)
- Letter from a Head Teacher*
- Child benefit book
- Smartpass

* documentation must be less than 3 months old

** documentation must be issued within the last 12 months

PART B Personal details - continued

B18 Current address

B19 Town / City

[illegible]

B20 County

[illegible]

B2 | Postcode

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B22 Lived at this address since

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B23 Delivery address
(if different from above)

<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> </div>
<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> </div>

B24 Town / City

[illegible]

B25 County

[illegible]

B26 Postcode

If you have lived at this address for less than 5 years please give all your previous addresses and dates of residence for the last 5 years below.

If your address history exceeds the space available, you may use an additional sheet. If you have to use additional pages please ensure that you add your name, address and date of birth at the top of each additional page.

My previous addresses over the last 5 years were -

B27 Address

B28 Town / City

[illegible]

B29 County

Category	All respondents	Nonusers	Users	Former users	Current users
No response at all	~1%	~1%	~1%	~1%	~1%
Only one time	~1%	~1%	~1%	~1%	~1%
A few times	~1%	~1%	~1%	~1%	~1%
Regularly	~1%	~1%	~1%	~1%	~1%
Every day	~1%	~1%	~1%	~1%	~1%

B30 Postcode

B3I Lived at this address from

		/			/					to			/			/				
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B32 Address

B33 Town / City

[illegible]

B34 County

B35 Postcode

B36 Lived at this address from

		/			/					to			/			/				
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PART C Declaration by Applicant

CI Declaration by Applicant

Information you have supplied on this Form, and any other additional information you have supplied to support this application, may be passed to other government organisations and law enforcement agencies.

I declare that, to the best of my knowledge and belief, all of the information I have given in connection with this application is full and correct in every respect. I undertake to supply any additional information that may be required by AccessNI to verify the particulars given and also to inform AccessNI immediately of any alteration to these particulars.

Warning – It is an offence if you knowingly make a false statement for the purpose of obtaining, or enabling another person to obtain any level of Disclosure. The work of AccessNI includes checking that all the information given is genuine.

By signing below you are agreeing to the above conditions of application.

Signature of Applicant

Name (in CAPITALS)

Date

Next Step

For Basic Disclosures

Unless you have been otherwise advised, you must take this Form to a PSNI station along with appropriate identification (see page 2). Once your identity has been confirmed, forward this Form, along with the correct payment (see Part F), to AccessNI.

Standard and Enhanced Disclosures

You must return this Form to the person who asked you to complete it.

- If you are paying for this Disclosure, please complete Part F of this Form.
- If the person who asked you to complete this Form is paying on your behalf, you should return the Form to them leaving Part F blank.

PART D

Basic check identification - to be completed by the PSNI
(unless advised otherwise)

D1 When an individual is seeking a check on themselves they must have their identity evidenced and verified at a PSNI station (unless they have been advised otherwise). If this is not possible, please contact AccessNI for advice.

Please see Guidance Notes for acceptable means of identification.

Evidence seen and checked by PSNI

PSNI Officer's name

PSNI Officer's number

PSNI Station Stamp

Stamp

Date

/

/

PART E Standard and Enhanced Checks only - to be completed by the Registered Body

Details of the position for which the certificate is being requested.

EI Position applied for

Three horizontal number lines are provided for recording data. Each line has 21 tick marks, creating 20 equal intervals. The lines are empty, intended for the student to draw a histogram.

E2 Organisation Name

E3 Will the work be carried out at the home address of the Applicant?

Yes ☐ No ☐

E4 As a Registered Person, do you confirm that the certificate is required for the purposes of an Exempted Question?

Yes ☐ No ☐

E5 As a Registered Person, do you confirm that the certificate is required for a Prescribed Purpose?

Yes ☐ No ☐

E6 Does this role qualify for a search of the Lists of Individuals Disqualified from Working with Children?

Yes ☐ No ☐

E7 Does this role qualify for a search of the Lists of Individuals Disqualified from Working with Adults at Risk?

Yes ☐ No ☐

E8 Identity confirmed

Yes ☐

E9 Date

	/		/	
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E10 Registered Body Name

E11 Registered Body Number

[illegible]

E12 Countersignatory Number

PART F Method of Payment

Please note - AccessNI does not accept cash payments.

F1

On Account	<input type="checkbox"/>	Maestro	<input type="checkbox"/>
Visa	<input type="checkbox"/>	Postal Order enclosed	<input type="checkbox"/>
Delta	<input type="checkbox"/>	Volunteer (see definition)	<input type="checkbox"/>
MasterCard	<input type="checkbox"/>	No payment required	<input type="checkbox"/>
Cheque enclosed	<input type="checkbox"/>	- this applies to Standard and Enhanced Disclosures only.	

Please make cheques payable to 'Access NI'.
We recommend the cheque is completed black ink.

F2 **Cheque Payment** - please complete the boxes below

Sort Code / /

Account number

Cheque number

Other

Initials (For AccessNI purposes only)



Credit / Debit Card Payments - please complete the boxes below

F3 Card number

F4 Expiry date /

F5 Issue number (Maestro only)

F6 Start date /

F7 Card security code

F8 Name on card

F9 Signature

F10 Signature date / /

This is the large number written across the middle of your card.

Part G Declaration by Registered Person

I declare that, to the best of my knowledge and belief, all of the information that I have given in connection with this application is full and correct. I undertake to supply any additional information that may be required by AccessNI to verify the particulars given and also to inform Access Northern Ireland immediately of any alterations to these particulars.

Warning

It is an offence if you knowingly make a false statement for the purpose of obtaining, or enabling another person to obtain, a Disclosure.

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

G1	Signature of Registered Person	_____										
G2	Name of Registered Person (CAPITAL letters)	_____										
G3	Date	<table><tr><td><div></div></td><td><div></div></td><td>/</td><td><div></div></td><td><div></div></td><td>/</td><td><div></div></td><td><div></div></td><td><div></div></td><td><div></div></td></tr></table>	<div></div>	<div></div>	/	<div></div>	<div></div>	/	<div></div>	<div></div>	<div></div>	<div></div>
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The details provided on the application form may be referred by AccessNI to the government data sources specified in legislation* for matching purposes. Where a match is found data may be released to AccessNI for inclusion on the disclosure certificate. The details provided may also be used to update data source records where necessary. The details provided on your application form may be used to confirm your identity against external data sources using an electronic authentication product.

Completed applications should be sent to:

AccessNI
Brooklyn
65 Knock Road
Belfast
BT5 6LE

*The Police Act 1997 (as amended)