

ID VERIFICATION FORM

To be completed by the Incumbent or the Safeguarding Officer or Priest in Charge or during an interregnum, by the Church Warden.

Candidate's Name Post applied for Organisation/Parish Parish ID

Please choose as appropriate from the following

*IS THE APPLICANT INVOLVED WITH:*

□ Adult Workforce □ Child Workforce □ Adult & Child Workforce

*JS THIS A VOLUNTEER POSITION? YI* N

*DOES THIS ROLE INVOLVE:*

*Adult Regulated* ***Activity YIN***

*Child Regulated* ***Activity YIN***

*Please could you explain how the applicant is eligible for a DBS Check* - *please specifically refer to the guidance contained in Appendix 4.*

*I confirm that I have seen the original (not copies) identification documents in respect of the person named above and have attached photocopies of the ID seen. (Please ensure you send the correct ID.)*

Signed

Name (please print) \_

Parish

Date

/ /

Tel No ------------------

PLEASE THEN SEND THIS FORM TO YOUR DBS DEANERY VERIFIER BY EMAIL ALONG WITH COPIES OF THE ID. Contact DBS Administrator at Lichfield Diocese ([dbs@lichfield.anglican.org](mailto:dbs@lichfield.anglican.org)) if you need the address details.

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