



Amber Valley CVS: A Centre for Voluntary Services

Amber Valley CVS Exists to Develop and be Part of a Vibrant Voluntary Sector

Important Points to remember when completing the CRB & ISA Application Form

Market Place
Ripley
Derbyshire
DE5 3HA

Please :

Phone: (01773) 512076
Fax: (01773) 748688
www.ambervalleycvs.org.uk

- USE BLACK INK AND CAPITAL LETTERS
- WRITE NEATLY IN THE BOXES
- PUT AN 'X' IN THE BOXES, NOT A TICK
- NO CORRECTION FLUID OR PHOTO COPIES
- FULLY COMPLETE INSERT SHEET & RETURN WITH EACH FORM
- LEAVE A BLANK BOX AS A SPACE BETWEEN WORDS
- DO NOT STRIKE THROUGH ANY SECTIONS OF THE FORM EVEN IF NOT RELEVANT TO YOU
- DO NOT STATE "NOT APPLICABLE" OR "NA" IN ANY SECTIONS
- DO NOT WRITE ANYWHERE ON THE FORM UNLESS INSIDE THE BOXES
- IF YOU MAKE A MISTAKE WHEN SELECTING ONE OF THE X BOXES, PLACE A CROSS IN THE CORRECT BOX AND CIRCLE IT
- IF YOU MAKE A MISTAKE WHEN COMPLETING YOUR FORM, PUT A LINE THROUGH THE MISTAKE, IF ENOUGH EMPTY BOXES REMAIN, WRITE THE CORRECT INFORMATION STARTING IN THE NEXT AVAILABLE TEXT BOX TO THE RIGHT. IF THERE IS NOT ENOUGH SPACE YOU MUST INCLUDE THE INFORMATION ON AN OFFICIAL CONTINUATION SHEET
- DO NOT ATTACH ANYTHING TO THE FORM BY ANY MEANS IE, CONTINUATION SHEETS, ADDITIONAL INFORMATION & CHEQUES SHOULD BE PLACED INSIDE THE FORM WHEN SUBMITTED
- AS AN APPLICANT YOU MUST COMPLETE THE FIELDS MARKED IN YELLOW, IN SECTIONS A, B, C, AND E AND ANY OTHER FIELDS THAT ARE RELEVANT TO YOUR APPLICATION.
- IF YOU ANSWER YES TO ANY OF THE SECTIONS IN YELLOW YOU MUST THEN COMPLETE THE REST OF THE DETAILS AS REQUESTED
- AS A NOMINATED PERSON YOU MUST COMPLETE SECTIONS W AND X AND ALSO THE AMBER VALLEY CVS INSERT
- IF YOU ANSWER YES TO ANY OF THE SECTIONS IN BLUE YOU MUST THEN COMPLETE THE REST OF THE DETAILS AS REQUESTED
- DO NOT COMPLETE ANY BOXES IN Y OR Z





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a applicant's details

1 title mr mrs miss ms other

2 surname

3 forename(s)

4 have you ever been known by any other names? no yes If 'yes' you must complete the full name(s) in a5 - a13 as appropriate, if 'no' go to a14 Use a continuation sheet if necessary, available from www.crb.gov.uk

5 surname

6 forename(s)

7 dates from and to

8 surname

9 forename(s)

10 dates from and to

11 surname

12 forename(s)

13 dates from and to

A: 1-13 Applicants details: Remember to include ANY other forenames or surnames from birth to present. Don't forget to include the dates from and to.

14 date of birth

15 gender male female

16 place of birth (town)

17 place of birth (country)

18 e-mail address

19 contact telephone number

A: 14-19 D.O.B must be written in the correct format i.e., day-month-year XXXX20XX





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W evidence of identity

58 name of evidence checker

59 have you established the true identity of the applicant, by examining a range of documents as set out in CRB guidance, and verified the information provided by the applicant in sections a and b, by completing the verification check boxes? no yes

W: 58-59 This section to be completed by nominated person.

X apply for a CRB check **CRB**
Criminal Records Bureau

60 is the applicant applying for a CRB check? no yes if 'yes' you must complete x61 - x68 as appropriate, if 'no' go to section y

61 position applied for

62 organisation name

63 level of CRB check Please cross one box only standard If crossed go to x67 enhanced if crossed go to x64

64 are you entitled to know whether the applicant is registered to work with children? no yes

65 are you entitled to know whether the applicant is registered to work with vulnerable adults? no yes

66 does this position involve working with children or vulnerable adults at the applicant's home address? no yes

67 application type application is for a new post holder
application is for an existing post holder
application is for an existing post holder who is being re-checked

68 is this application for a free of charge volunteer? no yes By placing a cross in the yes box, you confirm that the post meets the CRB definition for a free of charge volunteer application. Please note that CRB may recover the application fee if this box is marked in error and that this could result in the cancellation of your CRB registration. The answer to this question must be the same as for question d53, if completed.

X: 60-68 This section to be completed by nominated person. Follow form instructions located next to each question.

x64-65: REGISTERED TO WORK WITH CHILDREN/VULNERABLE ADULTS

These questions allow you to indicate if you require a check of the relevant ISA Barred lists as part of the Enhanced CRB check. It is important to help the police determine the relevancy of the information they hold in relation to the position applied for.

A check of both the ISA Children's List and the Vulnerable Adults' List is not automatically included as part of the Enhanced CRB Check – which list is checked is dependent on the nature of the work the applicant will be undertaking. If the position involves working with both groups, then you should answer 'yes' to both questions. If you have not crossed the relevant box and the position involves working with either vulnerable group, the completed CRB check will not show information from the relevant ISA barred lists.

PLEASE DO NOT COMPLETE SECTIONS Y AND Z OR THIS WILL VOID YOUR APPLICATION

