

Disclosure and Barring Service Referral Form

Please refer to the referral form guidance whilst completing this document

Part 1: Details of the person you are referring

<p>A Personal information</p> <p>Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other title <input style="width: 150px;" type="text"/></p> <p>Surname <input style="width: 100%;" type="text"/></p> <p>Forename(s) <input style="width: 100%;" type="text"/></p> <p>Date of birth <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> <small>D D M M Y Y Y Y</small> Or age if date of birth is not known <input style="width: 50px;" type="text"/></p> <p>Previous names and / or alias dates of birth <input style="width: 100%; height: 50px;" type="text"/></p> <p>Gender Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Nationality <input style="width: 100%;" type="text"/></p> <p>National Insurance Number <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/></p>	<p>B Contact details of the person you are referring</p> <p>Contact Address <i>(please include the date this address was provided or was last verified as current)</i> <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> <small>D D M M Y Y Y Y</small> <input style="width: 100%; height: 50px;" type="text"/></p> <p>Post Code <input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/></p> <p>Country <input style="width: 100%;" type="text"/></p> <p>Home telephone <input style="width: 100%;" type="text"/></p> <p>Mobile number <input style="width: 100%;" type="text"/></p> <p>Work telephone (if still working) <input style="width: 100%;" type="text"/></p> <p>Email address <input style="width: 100%;" type="text"/></p>
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<p>C Address history (most recent first)</p> <p>Address</p>	<p>Date from</p>	<p>Date to</p>

<p>D Professional registration (if applicable)</p> <p>Professional regulator <input style="width: 100%;" type="text"/></p> <p>Registration number <input style="width: 100%;" type="text"/></p> <p>Date of registration <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> <small>D D M M Y Y Y Y</small></p>	<p>E Teacher reference (if applicable)</p> <p>Teachers pension number England and Wales <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/></p> <p>F DBS disclosures</p> <p>DBS disclosure reference (if known) <input style="width: 100%;" type="text"/></p>
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Part 2: Qualifications and training history of the person you are referring

G	Qualifications (<i>please continue on a separate sheet if required</i>)	
	<i>Title of qualification</i>	<i>Date of certificate</i>

H	In service training / other training / courses attended (<i>please continue on a separate sheet if required</i>)	
	<i>Details of training</i>	<i>Date attended</i>

Part 3: Details of the work carried out by the person you are referring

<p>I About their role</p> <p>Role Title <input style="width: 100%;" type="text"/></p> <p>Type of role: Paid <input type="checkbox"/> Voluntary <input type="checkbox"/></p> <p>Was the role held by the person you are referring 'regulated activity' with: Children <input type="checkbox"/> Vulnerable Adults <input type="checkbox"/> Both <input type="checkbox"/></p> <p>Date they started working / volunteering in the above role <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/><input type="text"/> <small>D D M M Y Y Y Y</small></p> <p>Date they ceased working / volunteering in the above role <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> <small>D D M M Y Y Y Y</small></p> <p>How did they leave or were removed from the role? Dismissed <input type="checkbox"/> Resigned <input type="checkbox"/> Retired <input type="checkbox"/> Other (<i>please specify</i>) <input style="width: 100%;" type="text"/></p> <p>Is the person still employed by you? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" to what role has the person been moved? <input style="width: 100%;" type="text"/></p> <p>To your knowledge, has the person been informed of their referral to DBS? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p>	<p>J Role Description</p> <p>Main duties of the role (<i>may be continued on a separate sheet if required</i>) <input style="width: 100%; height: 150px;" type="text"/></p> <p>To your knowledge, has the person ever worked in Scotland? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p>
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<p>K Previous misconduct, disciplinary action or complaints</p> <p><i>Nature of allegation and what action was taken</i></p> 	<p><i>Date</i></p>
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<p>L Previous / other employment (<i>including any volunteer work if known</i>)</p> <p><i>Organisation / address</i></p>	<p><i>Job title / role</i></p>	<p><i>Date From</i></p>	<p><i>Date to</i></p>

Part 4: Reason for the referral

M Purpose of the referral

I am referring the person because I think they (*please tick one only*):

Harmed a child or vulnerable adult through their actions or inactions (*relevant conduct*); or

Represent a risk of harm to a child or vulnerable adult (*satisfied the harm test*); or

Have received a caution or conviction for a relevant offence.

N Summary of the circumstances which has resulted in this person being removed from regulated activity
(*may be continued on a separate sheet if necessary*)

Has the person you are referring admitted or accepted responsibility for any harm?
 Yes No Not Known

O Other organisations or agencies involved in the circumstances of the referral

Organisation / address	Contact person / role	Contact number	email



Part 5: Chronology of events

P	Chronology of events relating to this referral (please continue on a separate sheet if required)		
Date	Event	Relevant Documents	Persons Involved

Part 6: Details of the child or vulnerable adult harmed / put at risk of harm

<p>Q Details of the person harmed / put at risk of harm</p> <p>Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other title <input style="width: 150px;" type="text"/></p> <p>Surname <input style="width: 100%;" type="text"/></p> <p>Forename(s) <input style="width: 100%;" type="text"/></p> <p>Date of birth <input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/> <small style="display: flex; justify-content: space-around; font-size: 8px;"> D D M M Y Y Y Y </small></p> <p>Or age if date of birth is not known <input style="width: 80px;" type="text"/></p> <p>Gender Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p><i>For additional victims please use a separate sheet</i></p>	<p>R Relationship between the referred and the person harmed / put at risk of harm</p> <div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> <p>Details of any vulnerability, e.g. emotional, behavioural, medical or physical</p> <div style="border: 1px solid black; height: 200px; margin-top: 5px;"></div>
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Part 7: Documentation supplied

<p>S Supplied documents (please tick all that apply)</p> <p>Application for employment <input type="checkbox"/></p> <p>Curriculum Vitae / CV / Resume <input type="checkbox"/></p> <p>References <input type="checkbox"/></p> <p>Letter of employment offer <input type="checkbox"/></p> <p>Job description / role requirement / person specification <input type="checkbox"/></p> <p>File notes concerning conduct, behaviour / attitude <input type="checkbox"/></p> <p>Care plans for those named in Section Q (where appropriate) <input type="checkbox"/></p> <p>Victim impact report(s) or statement(s) for those named in Section Q <input type="checkbox"/></p> <p>Documents of internal investigations and outcomes <input type="checkbox"/></p> <p>Documentation of any past disciplinary action and complaint(s) <input type="checkbox"/></p> <p>Statement(s) made by the referred individual <input type="checkbox"/></p>	<p>Investigations and reports of regulatory bodies <input type="checkbox"/></p> <p>Investigations and reports of other agencies or bodies <input type="checkbox"/></p> <p>Interview report(s) relating to the referral <input type="checkbox"/></p> <p>Witness statement(s) <input type="checkbox"/></p> <p>Dismissal / resignation / redeployment letters <input type="checkbox"/></p> <p>Local Authority investigations reports / documents <input type="checkbox"/></p> <p>Adult Social Care or Children's Services reports <input type="checkbox"/></p> <p>Police investigations and reports <input type="checkbox"/></p> <p>Minutes of Strategy Meetings <input type="checkbox"/></p> <p>Health and Social Care Trust Investigations reports / documents <input type="checkbox"/></p>
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<p>T Additional documents supplied (<i>please continue on a separate sheet if required</i>)</p> <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>

Part 8: Referring party

<p>U Referring organisation / establishment</p> <p>Name of Organisation</p> <input type="text"/> <p>Type of organisation</p> <input type="text"/> <p>Sector</p> <input type="text" value="Select an Option..."/>	<p>Contact address</p> <input type="text"/> <p>Postcode</p> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <p>Country</p> <input type="text"/>
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<p>V Primary contact</p> <p>Name</p> <input type="text"/> <p>Position</p> <input type="text"/> <p>Telephone number</p> <input type="text"/> <p>Mobile number</p> <input type="text"/> <p>Email Address</p> <input type="text"/>	<p>Alternative contact</p> <p>Name</p> <input type="text"/> <p>Position</p> <input type="text"/> <p>Telephone number</p> <input type="text"/> <p>Mobile number</p> <input type="text"/> <p>Email Address</p> <input type="text"/>
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Part 9: Declaration – information sharing / complete and accurate information

<p>W To be signed by the person making the referral</p> <p>I understand that any information that I have referred within the referral form or additional to it will be used by DBS for official purposes and may be retained by DBS under its Data Retention Policy. I also understand that any information that I have referred may be disclosed to the referred person or to other parties such as police, professional regulators, prison or probation services in accordance with statutory powers or duties under the Safeguarding Vulnerable Groups Act 2006 or other applicable legislation.</p> <p>I confirm that to the best of my knowledge the information in this form is complete and accurate and that I have provided all documents legally required and any other relevant documentation that I hold. I understand that the DBS may contact me about the information I hold on the person I have referred.</p>																					
<p>Signature</p> <input type="text"/> <p>Name (in BLOCK CAPITALS)</p> <input type="text"/> <p>Date</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="font-size: 10px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="font-size: 10px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px;">D</td> <td style="font-size: 8px;">D</td> <td></td> <td style="font-size: 8px;">M</td> <td style="font-size: 8px;">M</td> <td></td> <td style="font-size: 8px;">Y</td> <td style="font-size: 8px;">Y</td> <td style="font-size: 8px;">Y</td> <td style="font-size: 8px;">Y</td> </tr> </table>			/			/					D	D		M	M		Y	Y	Y	Y	<p>Position</p> <input type="text"/> <p>Organisation</p> <input type="text"/> <p>Relationship to the individual you are referring</p> <input type="text"/>
		/			/																
D	D		M	M		Y	Y	Y	Y												

<p>X Returning the form</p> <p>Please check that you have answered all the questions you can and signed the declaration.</p> <p>This form should be returned, together with all supporting documentary evidence, to the address opposite.</p>	<p>Please return the form to:</p> <p style="text-align: center;">Disclosure and Barring Service PO Box 3963 Royal Wootton Bassett, SN4 4HH</p>
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