**Thirtyone:eight / Diocese of Bath and Well Disclosure Registration Form**

Please email the completed form to dbs.safeguarding@bathwells.anglican.org **OR**
Post to: Safeguarding Team, Flourish House, Cathedral Park, Wells BA5 1FD

1. **Benefice/group details**

Organisation reference: 2943A

Benefice/group Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Address (this must be the address where contact can be made with the Lead Recruiter and where post can be securely received)

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Lead Recruiter Details:**

Mr/Mrs/Miss/Ms/Revd/Other: \_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forenames: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***(An email address is essential)***

Mobile/Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***(A contact number is essential)***

1. **Additional Recruiter Details:** (optional)

Mr/Mrs/Miss/Ms/Revd/Other: \_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forenames: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***(An email address is essential)***

Mobile/Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***(A contact number is essential)***

1. **Additional Recruiter Details:**(optional)

Mr/Mrs/Miss/Ms/Revd/Other: \_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forenames: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***(An email address is essential)***

Mobile/Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***(A contact number is essential)***

***Registration Form continued...***

**3. Statement by Benefice/group**

This organisation is responsible for appointing individuals that have regular contact with children and/ or vulnerable adults. In registering with the Thirtyone:eight Disclosure Service, we agree to comply with all the requirements contained in the Disclosure and Barring Service Code of Practice and other DBS procedures and processes. In particular, we confirm that we have adopted policies for the recruitment of offenders and safe storage of information in line with DBS expectations. We will not communicate, disclose or make available all or any part of confidential information to any third party.

We confirm that we have read the Thirtyone:eight Statement of Fair Processing and the E-Bulk Recruiter Agreement Form <https://thirtyoneeight.org/statement-of-fair-processing> . We as an organisation agree to abide by the terms and conditions set out in these documents in accordance with the DBS Code of Practice and by UK data protection legislation and GDPR.

We undertake to keep Thirtyone:eight informed of any changes in our organisation, personnel or practices which could materially affect our ability to work within these expectations.

**Additional Recruiter Signature:**

Print name:

Date:

**Additional Recruiter Signature:**

Print name:

Date:

**Lead Recruiter Signature:**

Print name:

Date:

**Incumbent / PCC Chair Signature:**

Print name:

Date:

**All signatures must be originals or scanned versions.**