



Llay United YFC DBS on Line Data Collection Sheet



The information given on this sheet will be entered onto the Disclosure and Barring Service on line Secure Site by the clubs Child Protection Officer, after which this form will be destroyed. No information will be given or shared with any other person or organisation

Surname [grid] First Name [grid] Second name/s [grid]

Date of Birth [grid] / [grid] / [grid]

Have you ever been known by any other names Yes [checkbox] No [checkbox] If yes please give details on Side 2

Place of Birth (Town) [grid]

National Insurance Number [grid]

Current Address / Contact Details

Have you lived at this Address for the Last Five Years Yes [checkbox] NO [checkbox] If under 5 years please give details on rear of form

Resident from [grid] / [grid] Month / Year

Address [grid]

Post Code [grid]

Tel. Number Home [grid] Mobile [grid]

Email Address [grid]

Driving Licence Information

Do You Hold a Valid Driving License Yes [checkbox] No [checkbox]

Issue Date [grid] / [grid] / [grid] Issue Country [grid]

Licence Number [grid]

Licence Type Photo Card [checkbox] Paper [checkbox]

Passport Information

Do You Hold A Valid Passport Yes [checkbox] NO [checkbox]

Nationality [grid]

Issue Country [grid]

Passport Number [grid]

Date of Issue [grid] / [grid] / [grid]

Place of Issue [grid]

Criminal Record

Do You Have any criminal convictions Yes [checkbox] No [checkbox]

Additional Information

Change of Names – Please cover all Additional Addresses over the past 5 Years

Previous Names 1 From / / To / /

Surname
First Name
Second name

Previous Names 2 From / / To / /

Surname
First Name
Second name

Change of Address Details – Please cover all Additional Addresses over the past 5 Years

Previous Address 1 From / / To / /

Address

Post Code

Previous Address 2 From / / To / /

Address

Post Code

Previous Address 2 From / / To / /

Address

Post Code

Consent

I confirm that the information give above is to the best of my knowledge correct , I consent to Llay United YFC undertaking a DBR check AND I consent to the details given for Disclosure application being held by WCVA Criminal Records Unit

Signed _____

Date: _____