

Enhanced disclosure

Application form

Organisations should send completed forms to: dsoperations@disclosurescotland.gov.scot

There's more information about [disclosures for volunteer hosts](#) on our website.

You can also find out more about the [laws that govern the disclosure and PVG scheme membership application process](#).

All fields **must be filled** unless highlighted as optional. Please use block capitals.

1. About you; the individual

Application type: Enhanced

Title: Choose an item.

Surname: Click or tap here to enter text.

Forename(s): Click or tap here to enter text.

Gender: Click or tap here to enter text.

Previous names (if any)

Previous surname(s): Click or tap here to enter text.

Previous forename(s): Click or tap here to enter text.

Mother's maiden name: Click or tap here to enter text.

If you cannot provide your mother's maiden name, [contact Disclosure Scotland for help](#).

Date of birth: Type or select date.

Town of birth: Click or tap here to enter text.

Country of birth: Click or tap here to enter text.

Nationality: Click or tap here to enter text.

National insurance number: Click or tap here to enter text.

Driving licence number (if any): Click or tap here to enter text.

Country of issue: Click or tap here to enter text.

Passport number: Click or tap here to enter text.

Country of issue: Click or tap here to enter text.

2. Your contact details

Email address: Optional - Click or tap here to enter text.

Home telephone: Optional - click or tap here to enter text.

Mobile number: Optional - click or tap here to enter text.

3. Your current address

Address line 1: Click or tap here to enter text.

Address line 2: Click or tap here to enter text.

Town: Click or tap here to enter text.

Country: Optional - click or tap here to enter text.

Postcode: Click or tap here to enter text.

Resident from: Type or select date.

If you have lived at this address for less than five years, you must provide previous addresses below to cover this period.

4. Your previous addresses

4.1 Previous address 1

Address line 1: Click or tap here to enter text.

Address line 2: Click or tap here to enter text.

Town: Click or tap here to enter text.

Country: Optional - click or tap here to enter text.

Postcode: Click or tap here to enter text.

Resident from: Type or select date.

4.2 Previous address 2

Address line 1: Click or tap here to enter text.

Address line 2: Click or tap here to enter text.

Town: Click or tap here to enter text.

Country: Optional - click or tap here to enter text.

Postcode: Click or tap here to enter text.

Resident from: Type or select date.

4.3 Previous address 3

Address line 1: Click or tap here to enter text.

Address line 2: Click or tap here to enter text.

Town: Click or tap here to enter text.

Country: Optional - click or tap here to enter text.

Postcode: Click or tap here to enter text.

Resident from: Type or select date.

4.4 Previous address 4

Address line 1: Click or tap here to enter text.
Address line 2: Click or tap here to enter text.
Town: Click or tap here to enter text.
Country: Optional - click or tap here to enter text.
Postcode: Click or tap here to enter text.
Resident from: Type or select date.

If you have further address details to add, please email these to your countersignatory when you send them this form.
If you cannot provide your address history, [contact Disclosure Scotland for help](#).

5. Declaration on application

I understand the following:

- Disclosure Scotland will use the information I have given to verify my identity and to check and process my application. Disclosure Scotland will use this information for the purposes of prevention or detection of crime and for other related purposes.
- Disclosure Scotland may pass the information it holds about me to other Government departments or organisations, the police and other law enforcement agencies for the purpose of the prevention and detection of crime, of the apprehension and prosecution of offenders and for other related purposes.

I declare that the information I have given is complete and correct. I understand that to knowingly make a false statement in this application is a criminal offence. I will give any additional information that may be required to verify the information given and will immediately notify any changes to this information.

Applicant's signature: Click or tap here to enter text.
Signature date: Type or select date.

6. Payment

Please do not complete this payment section below. You do not have to pay for disclosures for refugee sponsors.

Method of payment: ☐ Card ☐ Registered/Responsible Body Invoice

If you are paying by card, please use our [payment portal](#), and then insert your payment reference number below.

9-digit payment reference number: Enter the 9-digit number here.

These sections should only be completed if you are applying through a Registered or Responsible Body. They should be completed by the **countersignatory** before this form is submitted to Disclosure Scotland.

7. Role details (excluding Basic applications)

Will the work be carried out at the home address of the applicant? ☒ Yes ☐ No

Organisation name: ABERDEENSHIRE COUNCIL

Position applied for (do not amend): UKR REFUGEE SPONSOR

Description of role: Optional - click or tap here to enter text.

8. Exempted question/prescribed purpose (excluding Basic applications)

Do you confirm that the certificate is required for the purposes of an exempted question? ☒ Yes ☐ No

Do you confirm that the certificate is required for a prescribed purpose? ☒ Yes ☐ No

9. List searches (excluding Basic applications)

Does the position qualify for the inclusion of suitability information relating to children? ☒ Yes ☐ No

Does the position qualify for the inclusion of suitability information relating to protected adults? ☒ Yes ☐ No

10. Confirmation of identity (excluding Basic applications)

Employers must check the identity of the applicant. You should ask for three forms of identity. If possible, one should be photographic. Please confirm below which forms of identity have been checked.

☐ Birth certificate ☐ Passport ☐ Drivers licence ☐ ID card ☐ Entitlement card ☐ Other (specify):

11. Registered Body or Responsible Body details

Registered body name: ABERDEENSHIRE COUNCIL

Registered body code: ABE524-005

Responsible body name (if applicable): Click or tap here to enter text.

Responsible body code (if applicable): Click or tap here to enter text.

Countersignatory name: Click or tap here to enter text.

Countersignatory code: Click or tap here to enter text.

12. Countersigning on behalf of another organisation (excluding Basic applications)

Are you countersigning this application on behalf of another organisation?

☐ Yes ☒ No

Organisation name: [Click or tap here to enter text.](#)

13. Countersignatory declaration

I understand the following:

- Disclosure Scotland will use the information I have given to check and process this application. It will also use it for the purpose of the prevention of crime or detection of crime and for other related purposes.
- Disclosure Scotland may pass the information it holds to other Government departments or organisations, the police and other law enforcement agencies for the purposes of the prevention and detection of crime, of the apprehension and prosecution of offenders and for other related purposes.

I confirm that the information I have supplied is complete and correct. I understand that to knowingly make a false statement in this application is a criminal offence. I will give any additional information that may be required to verify the information given and will immediately notify any changes to this information.

Countersignatory signature: [Click or tap here to enter text.](#)

Declaration date: [Type or select date.](#)

Either a typewritten or scanned signature is valid. There is no need to print and sign a form by hand.