Coversheet

Name of Organisation_____

Signatory Name_____

Enrolled Body Code AA_____

Signatory Code_____

Applicants Name(s)	Date Received (For Disclosure Services Use Only)

You must now complete identification sections on application forms. It is important that you refer to the guidance notes for the correct completion of these sections.

I understand and agree to comply with the requirements of enrolment with Volunteer Scotland Disclosure Services; the Ministerial Code of Practice and obtaining PVG Scheme Record disclosure checks. I confirm that these applications are in respect of persons who wish to undertake regulated work as defined in the Protection of Vulnerable Groups (Scotland) Act 2007 or as per The Police Act Part V (as amended), Rehabilitation of Offenders Act 1974 and the Exclusions and Exceptions (Scotland) Order 2013 as amended.

I declare that to the best of my knowledge and belief, all the information that I have given in connection with these applications is full and correct in every respect. I undertake to supply any additional information that may be required by Disclosure Services to verify the particulars given and also to inform Disclosure services of any alterations in these particulars.

Signatory Signature_____ Date Signed_____

Completed applications should be returned to:
Volunteer Scotland
Disclosure Services
Jubilee House
Forthside Way
Stirling
FK8 1QZ