

DBS VERIFICATION FORM



EMPLOYEE/CONTRACTOR INFORMATION		
FORENAME(S)		
SURNAME/FAMILY NAME		
JOB TITLE/COMPANY:		
START DATE/SITE VISIT DATE:		DATE OF BIRTH:
SCHOOL/LOCATION:		

DBS VERIFICATION			
CERTIFICATE STATUS AND INFORMATION			
DATE CERTIFICATE SEEN:			DBS CERTIFICATE NO:
DBS ISSUED DATE:			
THE DBS CHECK WAS COMPLETE AND CONTAINS NO AREAS OF CONCERN	IF APPLICABLE MARK 'X' BELOW	THE DBS DETAILS ONE OF THE FOLLOWING: SPENT AND UNSPENT CONVICTIONS, REPRIMANDS, WARNINGS AND CAUTIONS	IF APPLICABLE MARK 'X' BELOW
WHERE CONCERNS IDENTIFIED DETAIL NEXT STEPS/ACTION:			
DBS VERIFICATION STATEMENT			
I HEREBY CERTIFY THAT I HAVE SEEN THE ORIGINAL DBS CERTIFICATE FOR THE ABOVE-NAMED INDIVIDUAL AND CAN CONFIRM THE DETAILS MATCH THOSE ON THE ELECTRONIC DBS CERTIFICATE RECEIVED			
CERTIFICATE VALIDATED BY: (NAME OF PERSON CONDUCTING CHECK)			VALIDATION DATE:
E-SIGNATURE: (UPLOAD SIGNATURE OR TYPE NAME HERE)			