

VERIFICATION OF IDENTITY CHECK

Please complete the form by typing or printing clearly. Ensure you clearly input a correct email address as this is important for the application process. Please note applicants' address must match ID provided.

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| Type of Application: | | | |
| SELECT ONE ONLY | Employee <input type="checkbox"/> | Officer <input type="checkbox"/> | Volunteer <input type="checkbox"/> |

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| Type of Disclosure Required: | | | | | |
| SELECT ONE ONLY | Level 1 <input type="checkbox"/> | Level 2 <input type="checkbox"/> | Level 2 <input type="checkbox"/> (with barred list check) | PVG Children <input type="checkbox"/> | PVG Protected Adults <input type="checkbox"/> |

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| Does Applicant already have PVG membership through another organization? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
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| If Yes, please provide PVG Membership No. (16 digits) |
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| Who is Applicant <u>already</u> covered to work with? | | | |
| SELECT ONE ONLY | Children <input type="checkbox"/> | Protected Adults <input type="checkbox"/> | Both <input type="checkbox"/> |

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|-----------------------------------------------------------------|-----------------------------------|-------------------------------------------|-------------------------------|
| Who is Applicant <u>need</u> to be covered to work with? | | | |
| SELECT ONE ONLY | Children <input type="checkbox"/> | Protected Adults <input type="checkbox"/> | Both <input type="checkbox"/> |

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| APPLICANTS FULL NAME: | |
| APPLICANTS DATE OF BIRTH: | |
| APPLICANTS EMAIL ADDRESS: | |
| APPLICANTS HOME ADDRESS: | |
| POSITION APPLIED FOR: | |
| CORPS/CENTRE: | |

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| <p>Proof of Identification - Please photocopy / scan a minimum of 3 documents and forward them with this document. <u>Documents should be photographic, confirm DOB and Home Address.</u> <u>This application cannot be processed unless these documents are attached.</u></p> | <p>Birth Certificate: <input type="checkbox"/> Passport: <input type="checkbox"/></p> <p>Driver's Licence (with photograph): <input type="checkbox"/></p> <p>Driver's Licence (without photograph): <input type="checkbox"/></p> <p>Utility Bill (dated within last 3 months): <input type="checkbox"/></p> <p>Other: <input type="checkbox"/></p> |
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STATEMENT OF CONFIRMATION: I have seen applicants' Photo ID and proof of current address - I confirm that I am satisfied that their identity is correct.

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| Division: | | Position: | |
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Signed By:

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