Declaration

I have provided complete and true information in support of the application and I understand that knowingly making a false statement for this purpose is a criminal offence.
I have read the Standard/Enhanced Check Privacy Policy for applicants <https://www.gov.uk/government/publications/standard-and-enhanced-dbs-check-privacy-policy/standard-and-enhanced-dbs-check-privacy-policy> and I understand how DBS will process my personal data and the options available to me for submitting an application.

I consent to the DBS providing an electronic result directly to the Registered Body that has submitted my application. I understand that an electronic result contains a message that indicates either the certificate is blank or to await certificate which will indicate that my certificate contains information. In some cases, the Registered Body may provide this information directly to my Employer prior to me receiving my certificate

I consent to UK Employee Checks checking the details I have provided in support of this application
in order to verify my identity and process this application and my acceptance is given for you to process my application and I agree to all the terms and conditions and have read our Privacy Policy.

We will need your acceptance for us to process your application (Required)

**Declaration – Understanding the Disclosure and Barring Service Privacy Policy**

|  |  |
| --- | --- |
| **Name:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

Criminal Convictions

Do you have any criminal convictions? Yes □ No □

|  |  |
| --- | --- |
| Job Title  |  |
| Name of Course |  |
| Do you want this DBS processed by Cavity Dental Staff Agency or your employer? (please state employers name if so) |  |

**What type of check would you like? Enhanced (needed for all clinical staff) □ Standard □ Basic □**