

Return Slip

Please complete this form for each applicant and return it with the completed application.

Please leave page 4 of the application form entirely blank.

NAME OF YOUR ORGANISATION _____

Name of Applicant _____

The Applicant is the person in Section A of the application form.

Job Title of Applicant _____

Who checked the documents? _____

Printed name please.

The person checking the documents should take hold of ORIGINAL documents, check that they do not appear to have been tampered with, and take photocopies.

Level required **Standard/Enhanced** (**Please delete as necessary**)

New Post Holder)

Existing Post Holder) **Please delete as necessary**

Existing Post Holder being re-checked)

I confirm that my organisation will pay GP Systems' invoice.

Delete if not applicable.

Signed _____ Date _____

You, the checker, are responsible for:

- verifying the identity of the applicant in accordance with DBS guidelines
- establishing that the applicant has the right to work in the UK
- ensuring there is a legal entitlement to apply for a DBS certificate
- Full details can be found here: <https://www.gov.uk/government/publications/basic-check-guidance-and-policies>

Fees:

Standard £35.00

Enhanced £53.00

Volunteers £5.00

Bank:

IBAN: GB24NWBK60021863943107

BIC: NWBKGB2L

NatWest Derby St. Peter's Street

Sort Code 60 02 18

Account number 63943107

Account name GP Systems