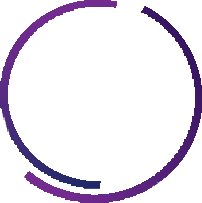
**A Healthcare team that puts your needs first**

**DBS Application and Consent form**



**Part A**

|  |  |  |
| --- | --- | --- |
| Mr / Mrs / Ms / Miss / Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Full Name:** | |
| **Date of Birth:** | **Sex:**  Male / Female | |
| **Previous Name (If Applicable):** | **Telephone Number:** | |
| **NI Number:** | **Place of Birth:** | |
| **Please provide addresses for the past 5 years** | | |
|  |  |  |
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|  |  |  |



Addilyn Care Service is registered under Addilyn Group ltd company number: 11017454

Suite 116 – Estuary House, Ballards Road Dagenham, Essex RM10 9AB

 0208 593 4451

A drawing of a face

Description automatically generated[team@addilyncareservices.co.uk](mailto:team@addilyncareservices.co.uk) [www.addilyncareservices.co.uk](http://www.addilyncareservices.co.uk/)

A close up of a sign

Description automatically generated

**Part B**

Have you ever been convicted of a criminal offence or been the subject of a caution, reprimand, written warning, a Bound over order or a civil action?

Yes No

If YES, please state the nature and date(s) of the offence(s):

You are advised that under the provisions of the Rehabilitation of Offenders Act 1974 (exceptions) Order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Amendment) 1986, you should declare all convictions, including “spent” convictions.

Have you ever been subject to any disciplinary actions or sanctions relating to Adult/child abuse, sexual offences, possession of prohibited substances or violence?

Yes No

If YES, please give details

*I consent to a criminal records check being made, confirm that the information provided on this form is correct, and accept that failure to disclose information or subsequent failure to conform to Addilyn Care Services Code of Good Practice may result in disciplinary action and possible suspension.*

Signed …………………………………………….…. Date: