

PART B Applicant's details

*Title Mr Mrs Miss Ms Other

If 'Other' please give details

*Surname/last name

*Forename(s)/first name(s)

Name usually known by

*Date of birth / / *Gender Male Female

Previous surname/
last name

Date used from / / to / /

Previous forename/
first name

Date used from / / to / /

If necessary, please use the approved Name continuation sheet to provide further details - this is downloadable at www.nidirect.gov.uk/accessni.

*Place of birth - town/city

*Country

*National Insurance number

If none, are you under 16? Yes No

If none, are you a non-UK national? Yes No

*Do you hold a valid driving licence? Yes No

Driving licence number

*Do you hold a valid passport Yes No

Passport number

Country of issue

*Nationality

Contact number

Contact email address

PART C Applicant's current address

Please give details of your current address. This is the address to which all correspondence will normally be sent.

*Current address	<input type="text"/>
	<input type="text"/>
*Town/city	<input type="text"/>
*County	<input type="text"/>
*Country	<input type="text"/>
Postcode	<input type="text"/>
*Lived at this address since	<input type="text"/> / <input type="text"/> / <input type="text"/>

*Applicant's address history

If you have lived at the address above for less than 5 years please provide details of all your previous address(es) and dates of residence for the last 5 years. There must be no gaps in the dates; overlapping dates are acceptable. Please start with the most recent address and work backwards. If necessary, please use the approved Address continuation sheet - this is downloadable at www.nidirect.gov.uk/accessni.

*Address	<input type="text"/>
*Town/city	<input type="text"/>
*County	<input type="text"/>
*Country	<input type="text"/>
Postcode	<input type="text"/>
*Lived at this address from	<input type="text"/> / <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> / <input type="text"/>
*Address	<input type="text"/>
*Town/city	<input type="text"/>
*County	<input type="text"/>
*Country	<input type="text"/>
Postcode	<input type="text"/>
*Lived at this address from	<input type="text"/> / <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> / <input type="text"/>

PART C (continued) Applicant's delivery address

Please give details of preferred delivery address (if different from current address)

*Address	<input type="text"/>
	<input type="text"/>
*Town/city	<input type="text"/>
*County	<input type="text"/>
*Country	<input type="text"/>
Postcode	<input type="text"/>

PART D Declaration by applicant

I understand the following:

- By signing the applicant declaration box I confirm that the information that I have provided in support of this application is complete and true. I will supply AccessNI with any additional information required to verify the information provided in this application. I understand that knowingly to make a false statement in this application is a criminal offence.
- AccessNI may use the information I have supplied on this form to verify my identity and to check this application.
- AccessNI may use the information I have supplied on this form for the purposes of the prevention or detection of crime in accordance with section 29 of the Data Protection Act 1998.
- AccessNI may pass the information I have supplied on this form, and any other information I have supplied in support of this application to other Government Organisations and law enforcement agencies in accordance with section 29 of the Data Protection Act 1998.

*Signature of applicant (please sign in box)

*Date of signature

/ /

*Name (in CAPITALS)

Data Protection

Information on this form will be treated in confidence. AccessNI is registered with the Information Commissioner. Data supplied by you on this form will be processed in accordance with the provisions of the Data Protection Act 1998.

You must now return this form to the person who asked you to complete it.

PART E Registered Body

This section should only be completed by the Counter Signatory of an AccessNI approved Registered Body organisation.

*Position applied for

*Organisation name

*Will the work be carried out at the home of the applicant? Yes No

*Is the disclosure required for the purposes of asking an exempted question? Yes No

*Is the disclosure required for a prescribed purpose? Yes No

*Does this person require a check of the Children's Barred list (Regulated Activity)? Yes No

*Does this person require a check of the Vulnerable Adults' Barred List (Regulated Activity)? Yes No

*Have you established the true identity of the applicant by examining a range of documents as set out in AccessNI guidance, and verified the information provided? Yes No

Preferred reference (complete this box if you require this to be displayed on the certificate).

PART F Payment

*Method of payment Account No payment (volunteer)

A purchase order number will be printed on your invoice should you supply one. This should be no more than 13 digits.

PART G Registered Body declaration

I confirm that the requisite documentation and information has been supplied and checked in accordance with AccessNI guidance. Where the position is eligible for an enhanced check and, where a barred list check has been sought, I have made the applicant aware of this. I declare that the information I have provided in support of the application is complete and true and understand that knowingly to make false statement for this purpose may be a criminal offence.

*Signature of Registered Person (please sign in box)

*Date of signature

/ /

*Name (in CAPITALS)