

Disclosure and Barring Service

Referral Form

Please refer to completing the referral form guidance whilst completing this document

Part 1: Details of the person you are referring

A Personal information	B Contact details of the person you are referring
<p>Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other title <input style="width: 150px;" type="text"/></p> <p>Surname <input style="width: 150px;" type="text"/></p> <p>Forename(s) <input style="width: 150px;" type="text"/></p> <p>Date of birth <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin: 0 5px;">D</div> <div style="margin: 0 5px;">D</div> <div style="margin: 0 5px;">M</div> <div style="margin: 0 5px;">M</div> <div style="margin: 0 5px;">Y</div> <div style="margin: 0 5px;">Y</div> <div style="margin: 0 5px;">Y</div> <div style="margin: 0 5px;">Y</div> </div> <p>Or age if date of birth is not known <input style="width: 80px;" type="text"/></p> <p>Previous names and / or alias dates of birth <input style="width: 150px; height: 50px;" type="text"/></p> <p>Gender Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Nationality <input style="width: 150px;" type="text"/></p> <p>National Insurance Number <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> </p></p>	

C Address history (most recent first)	Date from	Date to
<p>Address</p>		

D Professional registration (if applicable)	E Teacher reference (if applicable)
<p>Professional regulator <input style="width: 150px;" type="text"/></p> <p>Registration number <input style="width: 150px;" type="text"/></p> <p>Date of registration <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin: 0 5px;">D</div> <div style="margin: 0 5px;">D</div> <div style="margin: 0 5px;">M</div> <div style="margin: 0 5px;">M</div> <div style="margin: 0 5px;">Y</div> <div style="margin: 0 5px;">Y</div> <div style="margin: 0 5px;">Y</div> <div style="margin: 0 5px;">Y</div> </div> </p>	<p>Teachers pension number England and Wales <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> </p>
	<p>F DBS disclosures DBS disclosure reference (if known) <input style="width: 150px;" type="text"/></p>

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Part 2: Qualifications and training history of the person you are referring

G	Qualifications (<i>please continue on a separate sheet if required</i>) <i>Title of qualification</i>	<i>Date of certificate</i>

H	In service training / other training / courses attended (<i>please continue on a separate sheet if required</i>) <i>Details of training</i>	<i>Date attended</i>

I	About their role
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Was the role held by the person you are referring 'regulated activity' with:

Date they started working / volunteering in the above role

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D D

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M M

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Y Y Y Y

Date they ceased working / volunteering in the above role

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D D

--	--

M M

--	--	--	--

Y Y Y Y

How did they leave or were removed from the role?

Dismissed ☐ Resigned ☐ Retired ☐

Other (please specify)

Is the person still employed by you?

Yes ☐ No ☐

If “Yes” to what role has the person been moved?

To your knowledge, has the person been informed of their referral to DBS?

Yes ☐ No ☐ Don't know ☐

J	Role Description
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Main duties of the role (may be continued on a separate sheet if required)

To your knowledge, has the person ever worked in Scotland?

Yes ☐ No ☐ Don't know ☐

K	Previous misconduct, disciplinary action or complaints
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Nature of allegation and what action was taken

Date _____

L	Previous / other employment (<i>including any volunteer work if known</i>)
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Organisation / address**Job title / role****Date From**

Date to



Disclosure and Barring Service Referral Form

Part 4: Reason for the referral

M	<p>Purpose of the referral</p> <p>I am referring the person because I think they <i>(please tick one only)</i>:</p> <p><input type="checkbox"/> Harmed a child or vulnerable adult through their actions or inactions <i>(relevant conduct)</i>; or</p> <p><input type="checkbox"/> Represent a risk of harm to a child or vulnerable adult <i>(satisfied the harm test)</i>; or</p> <p><input type="checkbox"/> Have received a caution or conviction for a relevant offence.</p>
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N	Summary of the circumstances which has resulted in this person being removed from regulated activity (may be continued on a separate sheet if necessary)
	<div data-bbox="151 586 1481 1292" style="border: 1px solid black; height: 810px;"></div> <div data-bbox="151 1314 1045 1341">Has the person you are referring admitted or accepted responsibility for any harm?</div> <div data-bbox="151 1346 644 1370">Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known <input type="checkbox"/></div>

O	Other organisations or agencies involved in the circumstances of the referral <i>Organisation / address</i>	<i>Contact person / role</i>	<i>Contact number</i>	<i>email</i>

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Part 6: Details of the child or vulnerable adult harmed / put at risk of harm

<p>Q Details of the person harmed / put at risk of harm</p> <p>Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other title <input style="width: 150px;" type="text"/></p> <p>Surname <input style="width: 150px;" type="text"/></p> <p>Forename(s) <input style="width: 150px;" type="text"/></p> <p>Date of birth <input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/> D D M M Y Y Y Y</p> <p>Or age if date of birth is not known <input style="width: 60px;" type="text"/></p> <p>Gender Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p><i>For additional victims please use a separate sheet</i></p>	<p>R Relationship between the referred and the person harmed / put at risk of harm</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Details of any vulnerability, e.g. emotional, behavioural, medical or physical</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
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Part 7: Documentation supplied

<p>S Supplied documents (please tick all that apply)</p>	
<p>Application for employment <input type="checkbox"/></p> <p>Curriculum Vitae / CV / Resume <input type="checkbox"/></p> <p>References <input type="checkbox"/></p> <p>Letter of employment offer <input type="checkbox"/></p> <p>Job description / role requirement / person specification <input type="checkbox"/></p> <p>File notes concerning conduct, behaviour / attitude <input type="checkbox"/></p> <p>Care plans for those named in Section Q (where appropriate) <input type="checkbox"/></p> <p>Victim impact report(s) or statement(s) for those named in Section Q <input type="checkbox"/></p> <p>Documents of internal investigations and outcomes <input type="checkbox"/></p> <p>Documentation of any past disciplinary action and complaint(s) <input type="checkbox"/></p> <p>Statement(s) made by the referred individual <input type="checkbox"/></p>	<p>Investigations and reports of regulatory bodies <input type="checkbox"/></p> <p>Investigations and reports of other agencies or bodies <input type="checkbox"/></p> <p>Interview report(s) relating to the referral <input type="checkbox"/></p> <p>Witness statement(s) <input type="checkbox"/></p> <p>Dismissal / resignation / redeployment letters <input type="checkbox"/></p> <p>Local Authority investigations reports / documents <input type="checkbox"/></p> <p>Adult Social Care or Children's Services reports <input type="checkbox"/></p> <p>Police investigations and reports <input type="checkbox"/></p> <p>Minutes of Strategy Meetings <input type="checkbox"/></p> <p>Health and Social Care Trust Investigations reports / documents <input type="checkbox"/></p>

<p>T Additional documents supplied (<i>please continue on a separate sheet if required</i>)</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>

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Part 8: Referring party

<p>U Referring organisation / establishment</p> <p>Name of Organisation</p> <input type="text"/> <p>Type of organisation</p> <input type="text"/> <p>Sector</p> <input type="text" value="Select an Option..."/>	<p>Contact address</p> <input type="text"/> <p>Postcode</p> <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>Country</p> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<p>V Primary contact</p> <p>Name</p> <input type="text"/> <p>Position</p> <input type="text"/> <p>Telephone number</p> <input type="text"/> <p>Mobile number</p> <input type="text"/> <p>Email Address</p> <input type="text"/>	<p>Alternative contact</p> <p>Name</p> <input type="text"/> <p>Position</p> <input type="text"/> <p>Telephone number</p> <input type="text"/> <p>Mobile number</p> <input type="text"/> <p>Email Address</p> <input type="text"/>						

Part 9: Declaration

<p>W To be signed by the person making the referral</p> <p>I confirm that to the best of my knowledge the information in this form is accurate and that I have provided all documents legally required and any other relevant documentation. I understand that the DBS may contact me about the information I hold on the person I have referred.</p> <p>I understand that any information I have referred will be used by the Disclosure and Barring Service and may be disclosed to the referred person or other parties in accordance with statutory duties under the Safeguarding Vulnerable Groups Act 2006 and other legislation.</p> <table border="1"> <tr> <td data-bbox="81 1563 794 1877"> <p>Signature</p> <input type="text"/> <p>Name (in BLOCK CAPITALS)</p> <input type="text"/> <p>Date</p> <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td>/</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>/</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>D</td> <td>D</td> <td></td> <td>M</td> <td>M</td> <td></td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> </table> </td> <td data-bbox="798 1563 1511 1877"> <p>Position</p> <input type="text"/> <p>Organisation</p> <input type="text"/> <p>Relationship to the individual you are referring</p> <input type="text"/> </td> </tr> </table>		<p>Signature</p> <input type="text"/> <p>Name (in BLOCK CAPITALS)</p> <input type="text"/> <p>Date</p> <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td>/</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>/</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>D</td> <td>D</td> <td></td> <td>M</td> <td>M</td> <td></td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> </table>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	D	D		M	M		Y	Y	Y	Y	<p>Position</p> <input type="text"/> <p>Organisation</p> <input type="text"/> <p>Relationship to the individual you are referring</p> <input type="text"/>
<p>Signature</p> <input type="text"/> <p>Name (in BLOCK CAPITALS)</p> <input type="text"/> <p>Date</p> <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td>/</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>/</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>D</td> <td>D</td> <td></td> <td>M</td> <td>M</td> <td></td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> </table>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	D	D		M	M		Y	Y	Y	Y	<p>Position</p> <input type="text"/> <p>Organisation</p> <input type="text"/> <p>Relationship to the individual you are referring</p> <input type="text"/>		
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D	D		M	M		Y	Y	Y	Y														
<p>X Returning the form</p> <p>Please check that you have answered all the questions you can and signed the Declaration.</p> <p>This form should be returned, together with all supporting documentary evidence, to the address opposite.</p>	<p>Please return the form to:</p> <p>Disclosure and Barring Service PO Box 181 Darlington DL1 9FA</p>																						