

The Protection of Vulnerable Groups (Scotland) Act 2007 (Form and Manner of Disclosure Request by existing scheme member to personal employer) (Coronavirus) Determination 2021

The Scottish Ministers make the following determination in exercise of the powers conferred by section 71(1) of the Protection of Vulnerable Groups (Scotland) Act 2007 and all other powers enabling them to do so.

This Determination may be cited as the Protection of Vulnerable Groups (Scotland) Act 2007 (Form and Manner of Disclosure Request by existing scheme member to personal employer) (Coronavirus) Determination 2021 and has effect from 1 July 2021.

The Scottish Ministers determine that the form and manner of an application to Disclosure Scotland which is a **priority application** (see below) to request:

- the disclosure of a scheme member's statement of scheme membership under section 54 of the Protection of Vulnerable Groups (Scotland) Act 2007

is:

- on paper (Annex 1)
- by email via the electronic template on Disclosure Scotland's website (Annex 2)

A priority application is one made solely in connection with a role supporting the response to the COVID-19 emergency in the following sectors:

- animal health and welfare,
- chemical supply,
- childcare,
- critical national infrastructure,
- defence,
- education,
- emergency services,
- energy and water supply,
- environmental protection,
- financial services,
- food retail,
- food supply and food processing,
- funeral services,
- health care (including dental care),
- justice, law and order,
- local and central government public services,
- medicines and pharmaceutical supply,
- pharmaceutical,

- postal and delivery services,
- prisons,
- public transport,
- social care,
- social work, and
- telecommunications.

Gerard Hart

Chief Executive
Disclosure Scotland
1 Pacific Quay
Glasgow

Date: 30 June 2021

PROTECT – PERSONAL (WHEN COMPLETED)

Personal Employer Details and Declaration

PART G To be completed by a Personal Employer (Read Note G)

Role Details

G1 Will the work be carried out at the home address of the Applicant? Yes No

G2 Position Applied For

G3

Personal Employer Details

G4 Title Mr Mrs Ms Miss Other

G5 Surname

G6 Forename(s)

G7

G8 Contact Phone No.

G9 Email Address

G10

Personal Employer Address This is the address your copy of the certificate will be sent to.

G11 Address (Number, Street)

G12

G13 Post Town

G14 County

G15 Post Code

G16 Country

PART H Declaration (Read Note H)

I declare that the disclosure record is requested for the purpose of enabling or assisting me (or any other person for whom I act) to consider the applicant's suitability to do, or to be offered or supplied for, the type(s) of regulated work specified in this application. I understand the following:

- Disclosure Scotland will use the information I have given to check and process this application. It will also use it for the purposes of the Scheme, for the prevention or detection of crime and for other related purposes.
- Disclosure Scotland may pass the information to other Government departments or organisations, the police and other law enforcement agencies for the purposes of the Scheme, of the prevention and detection of crime, of the apprehension and prosecution of offenders and for other related purposes.

I confirm that the information I have supplied is complete and correct. I understand that to knowingly make a false statement in this application is a criminal offence. I will give any additional information that may be required to verify the information given and will immediately notify any changes to this information.

H1/H2 Signature: PLEASE KEEP SIGNATURE WITHIN BOX Signature Date DD / MM / YYYY

Please send completed application forms to: Disclosure Scotland, PO BOX No. 250, GLASGOW G61 1YU.

PROTECT – PERSONAL (WHEN COMPLETED) Page 4 of 4

PROTECT – PERSONAL (WHEN COMPLETED)

Existing PVG Scheme Member Application

PART A Type of Application (Read Note A)

A1 Cross (X) one box only. Scheme Membership Statement Scheme Record
Scheme Record Update Scheme Membership Statement (Countersigned)

A2 Cross (X) each box that applies. This application relates to regulated work with: Children Protected Adults

A3 Are you already a scheme member in relation to ALL types of regulated work selected in A2? Yes No

A4 If you currently do not have an online account, do you wish to apply for one with Disclosure Scotland? Yes No

If yes, provide/confirm your email address below in fields A5/A6.

A5 Email Address

A6

PART B Personal Details (Read Note B)

Personal Details

B1 PVG Scheme ID

B2 Title Mr Mrs Ms Miss Other

B3 Surname

B4 Forename(s)

B5

B6 Date of Birth DD / MM / YYYY

B7 Are there changes to your personal details that you have not already told us about? (See guidance) Yes No

If 'Yes' please supply these on a separate piece of paper.

Regulatory Body Details (see Guidance Notes)

B8 Have you registered with a Regulatory Body listed in the guidance notes since your last PVG Application? Yes No If 'Yes', enter details below.

B9/B10 Regulatory Body Code Registration No.

B11/B12 Regulatory Body Code Registration No.

PART C Declaration (Read Note C)

I request that a disclosure record be issued to the persons specified in this application in relation to the type(s) of regulated work specified. I understand the following:

- Disclosure Scotland will use the information I have given to verify my identity and to check and process my application. Disclosure Scotland will use this information and any other information relating to my Scheme membership for the purposes of the Scheme, for the prevention or detection of crime and for other related purposes. Disclosure Scotland will continuously monitor and update the information it holds about me.
- Disclosure Scotland may pass the information it holds about me to other Government departments or organisations, the police and other law enforcement agencies for the purposes of the Scheme, of the prevention and detection of crime, of the apprehension and prosecution of offenders and for other related purposes.

I declare that the information I have given is complete and correct. I understand that to knowingly make a false statement in this application is a criminal offence. I will give any additional information that may be required to verify the information given and will immediately notify any changes to this information.

C1/C2 Applicant's Signature: PLEASE KEEP SIGNATURE WITHIN BOX Signature Date DD / MM / YYYY

PROTECT – PERSONAL (WHEN COMPLETED) Page 1 of 4

Payment

PART D Payment (Read Note D)

If you, as the Applicant, are paying for this application, complete PART D. If you are not paying for it, leave PART D blank and forward the form directly to the person who will be countersigning it.

D1 Is this application in respect of a volunteer doing regulated work for a qualifying voluntary organisation? Yes No

D2 If this PVG Application is to be paid for by a Registered Body or Personal Employer, they should cross (X) this box and complete PART D.

D3 Method of Payment

Registered Body Invoice Cheque VISA Master Card Maestro
 Solo VISA Electron VISA Debit/ Delta Postal Order Voucher

Please make cheques payable to 'Disclosure Scotland'. We recommend the cheque is completed in blue or black ink.

Credit/Debit Card Payments

D4 Card Number This is the large number written across the middle of your card. Do not leave blank spaces.

D5/D6 Expiry Date / Issue Number (if applicable)

D7 Name of Cardholder

D8/D9 Cardholder's Signature Signature Date / /

Voucher Payments

D10 Voucher Number

COUNTERSIGNED APPLICATIONS - send completed application forms to the person who will be countersigning your application.
 NON-COUNTERSIGNED APPLICATIONS - send completed application forms to: Disclosure Scotland, PO BOX No. 250, GLASGOW G51 1YU.

FOR DISCLOSURE SCOTLAND USE ONLY. DO NOT WRITE BELOW THIS LINE.

Correct Payment Amount Sort Code

Account Number Cheque Number

Other

Initials

Registered Body: Countersignatory Details and Declaration

PART E Countersignature - To be completed by the Countersignatory (Read Note E)

Role Details

E1 Will the work be carried out at the home address of the Applicant? Yes No

E2 Organisation Name

E3

E4 Position Applied For

E5

Confirmation of Identity

The person countersigning must satisfy themselves as to the identity of the Applicant. A minimum of three forms of identity must be checked; if possible, one of them should be photographic. These should confirm the name, the date of birth and the current home address of the Applicant. Cross the appropriate boxes below to confirm what has been checked.

E6 Birth Certificate Passport Driving Licence (with photograph) Driving Licence (without photograph) National ID Card National Entitlement Card Other

If 'Other' please state the form of identification seen.

E7

E8

E9 Authentication Reference No.

Registered Body Details

E10 Registered Body Name

E11 Registered Body/ Sub Account Code (Code of account to be invoiced.)

E12 Countersignatory Name

E13 Countersignatory Code

Countersigning on Behalf of Another Organisation

E14 Are you countersigning this application on behalf of another organisation? Yes No If 'Yes', supply name of organisation below.

E15 Organisation Name

E16

PART F Countersignatory Declaration (Read Note F)

I declare that the disclosure record is requested for the purpose of enabling or assisting me (or any other person for whom I act) to consider the applicant's suitability to do, or to be offered or supplied for, the type(s) of regulated work specified in this application. I understand the following:

- Disclosure Scotland will use the information I have given to check and process this application. It will also use it for the purposes of the Scheme, for the prevention or detection of crime and for other related purposes.
- Disclosure Scotland may pass the information to other Government departments or organisations, the police and other law enforcement agencies for the purposes of the Scheme, of the prevention and detection of crime, of the apprehension and prosecution of offenders and for other related purposes.

I confirm that the information I have supplied is complete and correct. I understand that to knowingly make a false statement in this application is a criminal offence. I will give any additional information that may be required to verify the information given and will immediately notify any changes to this information.

F1/F2 Signature Signature Date / /

The signature you supply here will be checked against the sample you supplied on the Registration application.
 Please send completed application forms to: Disclosure Scotland, PO BOX No. 250, GLASGOW G51 1YU.



PVG Existing Application form

PVG existing member – coronavirus response workers

Application form

This form should only be used for coronavirus response workers who are PVG scheme members and are either:

- self-employed
- or work for an individual (personal employer)

Email completed forms to COVID19@disclosurescotland.gov.scot.

Organisations should [apply online](#) for PVG disclosures for coronavirus response workers or workers not involved in the coronavirus response.

To get a free disclosure, a coronavirus response worker must meet all three criteria.

1. They must only need a disclosure because of their coronavirus work.
2. Their role must only exist in response to coronavirus.
3. They must be working in a qualifying sector.

Does this application meet all three of these criteria? Yes No

If yes, please describe below how the role meets these criteria.

Click or tap here to enter text.

If no, please follow our process for [routine disclosures](#) and do not use this form.

You can find out more about the laws that govern the disclosure and PVG Scheme membership application process on our [website](#).



PVG Existing Application form

All fields **must be filled** unless highlighted as optional. Please use block capitals.

1. About you; the individual

Application type: Choose an item.

Title: Choose an item.

Surname: Click or tap here to enter text.

Forename(s): Click or tap here to enter text.

Gender: Click or tap here to enter text.

Date of birth: Type or select date.

PVG membership ID: Click or tap here to enter text.

Are there changes to your personal details that you have not already told us about? Yes No

If yes for the above, please specify: Click or tap here to enter text.

2. Your contact details

Email address: Optional - Click or tap here to enter text.

Home telephone: Optional - click or tap here to enter text.

Mobile number: Optional - click or tap here to enter text.

3. Regulatory body details

Are you registered with a regulatory body? Yes No

Regulatory body name/code: Choose an item.

Regulatory body membership number: Click or tap here to enter text.

Regulatory body name/code: Choose an item.

Regulatory body membership number: Click or tap here to enter text.



PVG Existing Application form

4. Declaration on application

I request that a disclosure record be issued to the persons specified in this application in relation to the type(s) of regulated work specified. I understand the following:

- Disclosure Scotland will use the information I have given to verify my identity and to check and process my application. Disclosure Scotland will use this information and any other information relating to my Scheme membership for the purpose of the Scheme, for the prevention or detection of crime and for other related purposes. Disclosure Scotland will continuously monitor and update the information it holds about me.
- Disclosure Scotland may pass the information it holds about me to other Government departments or organisations, the police and other law enforcement agencies for the purposes of the Scheme, of the prevention and detection of crime, of the apprehension and prosecution of offenders and for other related purposes.

I declare that the information I have given is complete and correct. I understand that to knowingly make a false statement in this application is a criminal offence. I will give any additional information that may be required to verify the information given and will immediately notify any changes to this information.

Applicant's signature:

Signature date:

Either a typewritten or scanned signature is valid. There is no need to print and sign a form by hand.



PVG Existing Application form

This part should only be completed if you are applying for a **Scheme Membership Statement (countersigned)**. The **personal employer** should complete these sections.

5. Personal employer details

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

Position applied for:

Title:

Surname:

Forename(s):

Address line 1:

Address line 2:

Town:

Country:

Postcode:

6. Personal employer declaration

I declare that the disclosure record is requested for the purpose of enabling or assisting me (or any other person for whom I act) to consider the applicant's suitability to do, or to be offered or supplied for, the type(s) of regulated work specified in this application. I understand the following:

- Disclosure Scotland will use the information I have given to check and process this application. It will also use it for the purpose of the Scheme, for the prevention or detection of crime and for other related purposes.
- Disclosure Scotland may pass the information it holds about me to other Government departments or organisations, the police and other law enforcement agencies for the purposes of the Scheme, of the prevention and detection of crime, of the apprehension and prosecution of offenders and for other related purposes.

I confirm that the information I have supplied is complete and correct. I understand that to knowingly make a false statement in this application is a criminal offence. I will give any additional information that may be required to verify the information given and will immediately notify any changes to this information.

Personal employer signature:

Declaration date: