

**Protection of Vulnerable Groups (Scotland) Act 2007 (Form and Manner of Application to Join the PVG Scheme by Individual or by Individual with a personal employer) (Business as Usual) 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 Application to Join the PVG Scheme by Individual or by Individual with a personal employer) (Business as Usual) Determination 2021 and has effect from 1 July 2021.

The Scottish Ministers determine that the form and manner of an application to Disclosure Scotland to apply to:

- join the Scheme under section 45(1)(a), (b) or (c) of the Protection of Vulnerable Groups (Scotland) Act 2007 (participation in the Scheme); or
- join the Scheme under section 45(1)(a), (b) or (c) of the Protection of Vulnerable Groups (Scotland) Act 2007 (participation in the Scheme) and simultaneously 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), or
- by email via the electronic template on the Disclosure Scotland website (Annex 2).


**Gerard Hart**

Chief Executive  
Disclosure Scotland  
1 Pacific Quay  
Glasgow

Date: 30 June 2021




PROTECT – PERSONAL (WHEN COMPLETED)



**Disclosure**  
SCOTLAND

**Application to Join PVG Scheme**



**safer**  
scotland

• PLEASE REFER TO THE ACCOMPANYING GUIDANCE NOTES AS YOU COMPLETE THE FORM.

• Please print in CAPITAL letters within the white boxes and do not make a mark on any other part of the form. We recommend you use blue or black ink.

• Applicants should complete PARTS A, B, and C on pages 1, 2, and 3 of the form which are coloured lilac. The Applicant may also have to complete PART D depending on whether or not they are paying for the application. Please check payment arrangements before completing PART D. PARTS E and F should be completed by the registered body (if any) and PARTS G and H should be completed by the personal employer (if any).

• Mandatory fields are highlighted in yellow. You must provide information in these fields or your application will be delayed.

• Please make a note of the Barcode Number at the top of the page to assist with any future query.

FOR OFFICIAL USE ONLY

PART A      Type of Application (Read Note A)

<b>A1</b>	Cross (X) one box only.      Scheme Membership Statement <input checked="" type="checkbox"/>	Scheme Record <input checked="" type="checkbox"/>	Scheme Membership Statement (Countersigned) <input checked="" type="checkbox"/>
<b>A2</b>	Cross (X) each box that applies.      This application relates to regulated work with:	Children <input checked="" type="checkbox"/>	Protected Adults <input checked="" type="checkbox"/>
<b>A3</b>	Do you wish to apply for an online account with Disclosure Scotland?    Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If 'Yes', complete B21/B22.		

PART B      Personal Details (Read Note B)

**Name(s)**

<b>B1</b>	Title	Mr <input checked="" type="checkbox"/>	Mrs <input checked="" type="checkbox"/>	Ms <input checked="" type="checkbox"/>	Miss <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	
<b>B2</b>	Present Surname						
<b>B3</b>	Present Forename(s)						
<b>B4</b>							
<b>B5</b>	Are you now, have you ever been, or were you at birth known by a different name?    Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If 'Yes', enter details below.						
<b>B6</b>	Surname						
<b>B7</b>	Forename(s)						
<b>B8</b>							
<b>B9</b>	Surname						
<b>B10</b>	Forename(s)						
<b>B11</b>							
<b>B12</b>	If you require more space use a separate piece of paper and cross (X) this box. <input checked="" type="checkbox"/>						
<b>B13</b>	Mother's Maiden or Family Name						

Birth Details

<b>B14/B15</b>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>	Gender	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
<b>B16</b>	Town of Birth			
<b>B17</b>	Country of Birth			
<b>B18</b>	Nationality			

Contact Details

<b>B19</b>	Day Contact No.
<b>B20</b>	Evening Contact No.
<b>B21</b>	Email Address
<b>B22</b>	

PROTECT – PERSONAL (WHEN COMPLETED) Page 1 of 8

### Additional Information, Current Address & Address History

#### Additional information

**B23** Do you have a UK National Insurance Number? Yes  No  If "Yes", enter details below.

**B24** National Insurance No.

**B25** Do you have a Passport? Yes  No  If "Yes", enter details below.

**B26** Full Passport No.

**B27** Country of Issue

**B28** Do you have a Driving Licence? Yes  No  If "Yes", enter details below.

**B29** Driving Licence No.

**B30** Country of Issue

**B31** Do you have a National Identity Card? Yes  No  If "Yes", enter details below.

**B32** National Identity Card No.

**B33** Country of Issue

**B34** National Entitlement Card No.

**B35** Electricity Supplier No.

**B36** Are you now, or have you ever been a member of the PVG Scheme? Yes  No  If "Yes", enter details below.

**B37** PVG Scheme ID

**B38** Are you now, or have you ever been registered with the ISA? Yes  No  If "Yes", enter details below.

**B39** ISA Registration No.

#### Current Address This is the address which will be printed on the applicant's certificate, and to which the certificate will be sent.

**B40** Address (Number, Street)

**B41**

**B42** Post Town

**B43** County

**B44/B45** Post Code  Resident From  /

**B46** Country

#### Address History Please provide your address history in the last five years. (Most recent first, excluding current address.)

**B47** Address (Number, Street)

**B48**

**B49** Post Town

**B50** County

**B51/B52** Post Code  Resident From  /

**B53** Country

**B54** Address (Number, Street)

**B55**

**B56** Post Town

**B57** County

**B58/B59** Post Code  Resident From  /

**B60** Country



### Personal Employer Details and Declaration

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

**Role Details**

G1 Is the Applicant already undertaking regulated work in the position to which this application relates? Yes  No

G2 Will the work be carried out at the home address of the Applicant? Yes  No

G3 Position Applied For

G4

**Personal Employer Details**

G5 Title Mr  Mrs  Ms  Miss  Other

G6 Surname

G7 Forename(s)

G8

G9 Contact Phone No.

G10 Email Address

G11

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

G12 Address (Number, Street)

G13

G14 Post Town

G15 County

G16 Post Code

G17 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.

H3/H2 Signature  Signature Date DD / MM / YYYY

Please send completed application forms to: Disclosure Scotland, PO BOX No. 250, GLASGOW G51 1YU.

### Address History (continued), Regulatory Body Details and Declaration

**Address History (continued)**

B61 Address (Number, Street)

B62

B63 Post Town

B64 County

B65/B66 Post Code Resident From MM / YYYY

B67 Country

B68 Address (Number, Street)

B69

B70 Post Town

B71 County

B72/B73 Post Code Resident From DD / YYYY

B74 Country

B75 Address (Number, Street)

B76

B77 Post Town

B78 County

B79/B80 Post Code Resident From DD / YYYY

B81 Country

B82 If you require more space use a separate piece of paper and cross (X) this box.

**Regulatory Body Details (see Guidance Notes)**

B83 Are you registered with any Regulatory Body listed in the guidance notes? Yes  No  If 'Yes', enter details below.

B84/B85 Regulatory Body Code Registration No.

B86/B87 Regulatory Body Code Registration No.

**PART C Declaration (Read Note C)**

I apply to join the Scheme under the Protection of Vulnerable Groups (Scotland) Act 2007 ("Scheme"). 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  Signature Date DD / MM / YYYY

**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/ Defts  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  PLEASE KEEP SIGNATURE WITHIN BOX Signature Date  /  /

**Voucher Payment**

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 Is the Applicant already undertaking regulated work in the position to which this application relates? Yes  No

E2 Will the work be carried out at the home address of the Applicant? Yes  No

E3 Organisation Name

E4

E5 Position Applied For

E6

**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.

E7 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.

E8

E9

E10 Authentication Reference No.

**Registered Body Details**

E11 Registered Body Name

E12 Registered Body/ Sub Account Code  (Code of account to be invoiced.)

E13 Countersignatory Name

E14 Countersignatory Code

**Countersigning on Behalf of Another Organisation**

E15 Are you countersigning this application on behalf of another organisation? Yes  No  If 'Yes', supply name of organisation below.

E16 Organisation Name

E17

**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  PLEASE KEEP SIGNATURE WITHIN BOX 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 Join Application form



PVG Join Application form

## Joining the PVG Scheme

### Application form

This form should only be used to join the PVG scheme if you are:

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

Organisations should [apply online](#) for PVG disclosures.

Please send completed forms to: [disclosure-applications@disclosurescotland.gov.scot](mailto:disclosure-applications@disclosurescotland.gov.scot)

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

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.

Previous names (if any)

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

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

Mother's maiden name: Click or tap here to enter text.

Date of birth: Type or select date.

Town of birth: Click or tap here to enter text.

Country of birth: Click or tap here to enter text.

Nationality: Click or tap here to enter text.

PVG membership ID (if any): Click or tap here to enter text.

Only enter this PVG ID if you are rejoining the Scheme, having previously been a member.

National insurance number: Click or tap here to enter text.

Driving licence number (if any): Click or tap here to enter text.

Country of issue: Click or tap here to enter text.

Passport number: Click or tap here to enter text.

Country of issue: 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.



PVG Join Application form



PVG Join Application form

### 3. Your current address

Address line 1: Click or tap here to enter text.  
Address line 2: Click or tap here to enter text.  
Town: Click or tap here to enter text.  
Country: Click or tap here to enter text.  
Postcode: Click or tap here to enter text.  
Resident from: Type or select date.

If you have lived at this address for less than five years, you must provide previous addresses below to cover this period.

### 4. Your previous addresses

#### 4.1 Previous address 1

Address line 1: Click or tap here to enter text.  
Address line 2: Click or tap here to enter text.  
Town: Click or tap here to enter text.  
Country: Click or tap here to enter text.  
Postcode: Click or tap here to enter text.  
Resident from: Type or select date.

#### 4.2 Previous address 2

Address line 1: Click or tap here to enter text.  
Address line 2: Click or tap here to enter text.  
Town: Click or tap here to enter text.  
Country: Click or tap here to enter text.  
Postcode: Click or tap here to enter text.  
Resident from: Type or select date.

#### 4.3 Previous address 3

Address line 1: Click or tap here to enter text.  
Address line 2: Click or tap here to enter text.  
Town: Click or tap here to enter text.  
Country: Click or tap here to enter text.  
Postcode: Click or tap here to enter text.  
Resident from: Type or select date.

#### 4.4 Previous address 4

Address line 1: Click or tap here to enter text.  
Address line 2: Click or tap here to enter text.  
Town: Click or tap here to enter text.  
Country: Click or tap here to enter text.  
Postcode: Click or tap here to enter text.  
Resident from: Type or select date.

If you have further address details to add, please include these in the email when you send this form to us.

### 5. 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.

## 6. 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.

## 7. Payment

Please use our [payment portal](#) to pay by card, and then insert your payment reference number below.

9-digit payment reference number:

## 8. Personal employer details and declaration

Is applicant already undertaking regulated work in the position to which this application relates?

Yes  No

Will the work be carried out at the home address of the applicant?

Yes  No

Position applied for:

Personal employer name:

## 9. Personal employer details

Title:

Surname:

Forename(s):

Address line 1:

Address line 2:

Town:

Country:

Postcode:

## 10. 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: