

Does your organisation have a Safe Guarding Children Protection Policy?

Yes/N/A

Does your policy refer to training

Does your policy refer to recruitment

Does your policy refer to activity risk assessment

Have you supplied a copy Yes/No

Does your organisation have a Vulnerable Adult Protection Policy?

Yes/N/A

Does your policy refer to training

Does your policy refer to recruitment

Does your policy refer to activity risk assessment

Have you supplied a copy Yes/No

Have you supplied a copy of an Employment of Ex-offenders Policy? Yes/No

Have you supplied a copy of a Policy Statement of Secure Storage, Handling Use, Retention & Disposal of Disclosures and Disclosure information?

Yes/No

Do you make the CRB Codes of Practice and Guidance of the fair treatment Of Ex-offenders and Rehabilitation Act available during your recruitment Processes? Yes/No

Lead Evidence Checker/Appointed Person

The 'Evidence Checker' is the only person/s that SVS will disclose CRB information to. SVS will notify the appointed person by email or other method to notify the return of the disclosure application. The disclosure will then be forwarded to the named Evidence Checker in the post. In the event of "additional information" being provided by CRB, SVS will forward the information in the same manner as the disclosure to the Lead Evidence Checker. This Appointed Person has a responsibility to ensure that the disclosure information is treated with care and stored securely.

(If you wish to have a second 'Evidence Checker' to cover absence then they will also need to register and attend the SVS CRB training)

Lead Evidence Checker

Name

Post Title

Contact address (if different to above)

Postcode
Telephone Number
Mobile Number
Email Address
(we will not contact you on a group email address)
Is this email address only accessible to the authorised Contact: YES/NO

Training for People authorised to receive disclosure information
The Lead Evidence Checker has understood the requirements of the CRB good practice and has completed training with SVS and confirms that they have understood the following; <ul style="list-style-type: none"> ➤ Code of Practice ➤ Recruitment Practices ➤ Recruitment of Offenders ➤ Child & Adult Protection policy ➤ Receiving information from SVS including “additional information” ➤ Recording of disclosure information
I confirm that I understand the need for our organisation to have appropriate policy practice and training in the above areas
Signature;
Date:
Print Name
Date of Course
Signature of Trainer

Identification of Lead Evidence Checker	
Photo	Identification seen by SVS Yes/No
As attached	Signature of SVS Counter Signatory

2nd Appointed - Evidence Checker
Name
Post Title
Contact address (if different to above)

Postcode
Telephone Number
Mobile Number
Email Address
(we will not contact you on a group email address)
Is this email address only accessible to the authorised Contact: YES/NO
Signature
Training for People authorised to receive disclosure information
Print Name of Evidence Checker
The appointed evidence checker has completed CRB training course at SVS and confirms that they have understood the following; <ul style="list-style-type: none"> ➤ Code of Practice ➤ Recruitment Practices ➤ Recruitment of Offenders ➤ Child & Adult Protection policy and training ➤ Receiving information from SVS including “additional information” ➤ Recording of disclosure information
I confirm that I understand the need for our organisation to have appropriate policy practice and training in the above areas
Signature;
Date:
Date of Course
Signature of trainer
Identification
Authorisation
Please provide the Chair person’s signature to confirm the appointed individuals are members of the above named organisation and approval for the above person/s to be appointed to oversee the CRB process for..... (insert name of organisation)
Signature of Chair
Print name
Date
Please insure you have also enclosed/returned a sign copied of the SVS Agreement to act as an umbrella body for your CRB checks Yes/No



Promoting voluntary action

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