



Registration Form

Please complete this form using **black ink only** and **CAPITAL** letters. The information you provide is scanned electronically so please ensure you only write inside the boxed areas and do not mark any other areas of the form.

The accompanying Guide has step-by-step instructions to help you fill out the Registration form. Please use these notes or call the help line with any questions on 028 9025 9100. Alternatively, see our website www.accessni.gov.uk.

Information contained on this form may be passed to other Government organisations and law enforcement agencies for the purpose of checking your application.

This Registration Form must be completed by an appropriate person in the organisation which wishes to become a Registered Body.

PART A Type of application (Read Note A)

Cross (x) one box only

- A1 Initial Registration
- Modify Registration details
- Add Countersignatory
- Modify Countersignatory
- Remove Countersignatory

Data Protection

Information on this form will be treated as confidential. AccessNI is registered by the Information Commissioner and data supplied by you on this Form will be processed in accordance with the provisions of the Data Protection Act 1998. The full protection statement is set out in section 1.10 of the Guidance and on the website.

PART B Organisation details (Read Note B)

Part B must be completed by the Lead Signatory for the organisation which wishes to become a Registered Body.

For additional Signatories, Modifications and Removals only complete the Reference Number (B1).

For Registered Body Modifications only enter the details that have changed.

B1 Registered Body's Reference number (leave blank for initial registration)

B2 Organisation name

B3 Cross (x) this box if you will be acting as an 'Umbrella body' for other organisations for the purpose of countersigning Standard or Enhanced Disclosure Applications.

B4 This organisation involves working with children in a regulated position. Yes No

B5 This organisation involves working with vulnerable adults and /or the provision of personal care to vulnerable adults in a care position. Yes No

B6 This organisation is classed as non-profit and non-statutory. Yes No

B7 Contact name

B8 Office address

B9 Town / City

B10 County

B11 Postcode

B12 Telephone No.
Include STD code

B13 Fax No.
Include STD code

B14 e-mail address

B15 Purpose of the organisation

This should be a summary of the aims and objectives of the organisation. Additional pages may be used if necessary.

<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"/>

PART B Organisation details - *continued*

B16 Charity / Company number

B17 Name of proposed Lead Signatory or Countersignatory for the organisation

B18 I can confirm that the organisation is entitled to ask exempted questions under The Rehabilitation of Offenders Act (Exceptions) Order (Northern Ireland) 1979.

Yes

B19 I can confirm that the organisation is likely to countersign applications under Section 113A or 113B of the Police Act 1997 at the request of bodies or individuals asking exempted questions.

Yes

B20 Code of Practice

I will ensure that the organisation complies with AccessNI's Code of Practice and will address issues raised by AccessNI to ensure adherence to its policies.

Yes

PART C Proposed Method of Payment for Disclosure Applications (Read Note C)

C1 If you will be paying for Standard or Enhanced Disclosure Applications that you will be countersigning, then cross (x) this box.

C2 Proposed Method of Payment. Cross (x) one box only

Cheque	<input type="checkbox"/>	Credit Card	<input type="checkbox"/>
On Account	<input type="checkbox"/>	Debit Card	<input type="checkbox"/>
Direct Debit	<input type="checkbox"/>		
Postal Order	<input type="checkbox"/>		

Please make cheques payable to 'AccessNI'.

Direct Debit payments



(Customer operating on Account only)

C3 Name of Account Holder

C4 Branch Sort Code / /

C5 Account number

Instruction to your Bank or Building Society

Please pay AccessNI Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this instruction may remain with AccessNI and, if so, details will be passed electronically to my Bank / Building Society.

C6 Signature _____

C7 Signature date / /

C8 Additional Signature (for joint accounts) _____

C9 Signature date / /

PART D Lead / Countersignatory Details (Read Note D)

Part D must be completed by the proposed Lead Countersignatory for Initial Registrations and by the proposed Countersignatory for Additional Countersignatory applications and Countersignatory modifications.

For Countersignatory Removals only complete the Countersignatory Code. For Countersignatory Modifications only enter the details that have changed.

D1 Title Mr Mrs Miss Ms Dr Other

If 'Other' please give details

D2 Surname

D3 Forename(s)

D4 Name usually known by

D5 Surname at birth
(if different)

used until / /

D6 Any other surname(s) used? Yes No

If Yes - give name(s)

and date(s) used from / /

used until / /

D7 Any other forename(s) used? Yes No

If Yes - give name(s)

and date(s) used from / /

used until / /

D8 Gender Male Female

D9 Date of birth / /

D10 Place of birth - Town

Country

D11 Mother's maiden name

D12 National insurance number

D13 Driving licence number

D14 Passport number

PART E Declaration by Applicant

E1 Declaration

Information you have supplied on this form, and any other additional information you have supplied to support this application, may be passed to other government organisations and law enforcement agencies.

I declare that, to the best of my knowledge and belief, all of the information I have given in connection with this application is full and correct in every respect. I undertake to supply any additional information that may be required by AccessNI to verify the particulars given and also to inform AccessNI immediately of any alteration to these particulars.

Warning - if you provide incorrect information AccessNI may refuse to grant your request to Register or become a Lead or Countersignatory.

AccessNI must be satisfied that applications for Registration are genuine and in this regard it will check all the information it is given.

By signing below you are agreeing to the above conditions of application.

Signature of Applicant _____

Name (in CAPITALS)

Date

 / /

PART F Verification of Identity (Read Note F)

As part of initial registration the Lead Signatory must have their identity evidenced and verified by AccessNI.

Please see guidance notes for acceptable means of identification. Copies of identification documents must be included with the Registration Form when applying for registration.

PART G Declaration (Read Note G)

Declaration

I certify that I am likely to ask an exempted question under the terms of The Rehabilitation of Offenders (Exceptions) Order (Northern Ireland) 1979 and that the checks requested are in accordance with the relevant sections of the Police Act 1997 as specified in the Guidance Notes. I confirm that the information I have provided in this Registration Form is complete and accurate.

G1 Signature _____

G2 Date / /

The details provided on this form may be referred by AccessNI to the Government data sources specified in legislation for matching purposes. Where a match is found data may be released to AccessNI for inclusion on the disclosure certificate. The details provided may also be used to update data source records where necessary. The details provided on the Registration Form may be used to check your identity against external data sources using an electronic authentication product.

PART H Authorisation (Read Note H)

Do not complete this section for Initial registration.

This section must be completed by the Lead Signatory for the Registered Body.

H1 Lead (Proposed) Signatory name

H2 Lead (Proposed) Signatory code

Only complete the following for Countersignatory Applications

**I confirm that I have verified the identity of the proposed
Countersignatory in line with the AccessNI identification requirements.**

Warning: It is a criminal offence to make an untrue statement to help obtain a Disclosure Certificate.

The work of AccessNI includes checking that your details are genuine.

**The signature that you supply here will be checked against the sample you supplied on the
Initial Registration application.**

H3 Signature _____

H4 Date / /

Please turn over and complete the Payment Section - Part I

PART I Payment for Registration (Read Note I)

The cost of Initial Registration is £150 and includes the registration of the Lead Signatory. The cost of registration for additional Countersignatories is £10.

There is no charge for Registered Body Modifications, Countersignatory Modifications or Countersignatory Removals.

You can pay for your initial registration in the same way as you have indicated that you want to pay for disclosures (see Part C). Please note, if you want to pay by account, your registration cannot become effective until AccessNI receives the registration fee and that this can take up to two months to complete.

I1 Method of Payment for Registration Mark (x) one box only

- I2 Cheque Please make cheques payable to 'AccessNI'
- I3 Credit card
- I4 Usual payment method

I5 Cheque Payment - please complete the boxes below

- I6 Sort Code / /
- I7 Account number
- I8 Cheque number
- I9 Other



I10 Credit / Debit Card Payments - please complete the boxes below

- I11 Card number
- I12 Expiry date /
- I13 Issue number (Maestro only)
- I14 Start date /
- I15 Card security code
- I16 Name on card
- I17 Signature _____
- I18 Signature date / /
- I19 Initials (For AccessNI purposes only)

This is the large number written across the middle of your card.

Completed applications should be sent to:

**AccessNI
Brooklyn
65 Knock Road
Belfast
BT5 6LE**