

Request for criminal records check

Large print format

To:
The Chief Constable
Criminal Records Office (CRO)
PSNI
Brooklyn
Knock Road
Belfast
BT5 6LE

Please use black ink and write clearly in CAPITAL LETTERS. Answer all questions in full. If a section is not applicable to you, enter N/A.



From:
The Registration Manager
Northern Ireland Social Care Council
7th Floor, Millennium House
19-25 Great Victoria Street
Belfast
BT2 7AQ
Tel No: 02890 417633

Date DD / MM / YYYY

Your job

Post

Organisation

Personal details

Title

Surname

Previous surname(s)

First name

Middle Name(s)

Address

Postcode

Date of birth DD / MM / YYYY

Place of birth: (Town/City)

(if outside UK, also state country of birth)

National Insurance number

□ □ □ □ □ □ □ □ □ □

Have you lived at your current address for at least five years?

No Yes

If no, please provide details of previous address(es) for the last five years in Section A overleaf.

Have you lived and/or worked outside Northern Ireland since the age of 16?

No Yes

If yes, please provide details of address(es) outside Northern Ireland in Section B overleaf.

Have you ever been convicted of or cautioned for an offence?

No Yes

If yes, please state briefly dates, details and outcomes in Section C overleaf.

See the criminal offences section for more information on convictions, cautions and binding overs.

Additional information

Section A

Only fill this in if you have lived at your current address for less than five years. My previous address(es) during the last five years were:

Address _____

_____ Postcode _____

Address _____

_____ Postcode _____

Address _____

_____ Postcode _____

Address _____

_____ Postcode _____

Section B

Only fill this in if you have lived and/or worked outside Northern Ireland since the age of 16. My previous address(es) outside Northern Ireland were:

Address _____

_____ Postcode _____

Address _____

_____ Postcode _____

Address _____

_____ Postcode _____

Address _____

_____ Postcode _____

Section C

I have declared convictions/cautions on the NISCC application form.

Date of conviction/caution

DD / MM / YYYY

Brief details _____

Outcome _____

Date of conviction/caution

DD / MM / YYYY

Brief details _____

Outcome _____

Have you ever been the subject of an Adult or Child abuse investigation?

No Yes

If Yes, please list the details below. If possible, please provide the approximate dates. If necessary, please continue on a separate sheet and tick this box.

Applicant declaration

This check will tell us if you have a criminal record, and if your name is included on the DHSSPS Disqualification from working with Children List, the DHSSPS Disqualification with Vulnerable Adults and the Department of Education List.

I am satisfied that the particulars given above are correct. I give written permission for the check to be made and I am aware that any spent convictions will also be disclosed.

Signature

X

Print name

Date

DD / MM / YYYY

This section must be completed, signed and dated by the applicant. Failure to do so will delay the application.

NISCC declaration

This section will be completed by NISCC

I declare that any information given will be treated in strict confidence and used only in accordance with PSNI guidance.

Signature (NISCC nominated officer):

X

Print name

Date

DD / MM / YYYY

For NISCC office use only

Ref No: **ST**

This section to be completed by PSNI

- No trace on the details provided
- The subject may be the individual to whom the attached information refers
- Please contact the PSNI Criminal Records Office

Signature

X

Rank

Application Reference No
(For office use only):

Date

DD / MM / YYYY