|  |
| --- |
| University of Edinburgh Logo in Navy colourDisclosure and PVG Request Form |
| **Guidance**Members of University of Edinburgh staff who are employed in posts requiring Disclosure Scotland checks are not permitted to commence work until a satisfactory Level 2 Disclosure check or Protection of Vulnerable Groups (PVG) scheme record/update has been received as appropriate. Further information, including the Protection of Vulnerable Groups Policy, can be found on the [Disclosure and PVG Checks](https://www.ed.ac.uk/human-resources/recruitment-guidance/disclosure-and-pvg-checks) webpage.To initiate an application, please complete the relevant parts of this form and submit it along with the documents specified to Human Resources.If you require this form in an alternative format please contact the HR Helpline by email at HRhelpline@ed.ac.uk |
| **Level 2 Disclosure Applications** | Complete [**Section 1**](#Section1)Provide verified ID and any other documents specified in [**Section 2**](#Section2new) **and** [**Section 3**](#Section3)Complete the details in [**Section 4**](#Section4)  |
| **PVG Applications** | Complete [**Section 1**](#Section1)Provide verified ID and any other documents specified in [**Section 2**](#Section2new) **and** [**Section 3**](#Section3)Complete the details in [**Section 5**](#Section5) |
| **Section 1: Application Details** |
| **Please select the check(s) you are applying for:** |
| Level 2 Disclosure | [ ]  |
| PVG – Protected Adults | [ ]  |
| PVG - Children | [ ]   |
| Is the applicant already a PVG scheme member?Tick all that apply. (If unsure, please contact Disclosure Scotland on 0300 020 0040 or email response@disclosurescotland.gov.scot) | [ ]  No [ ]  Yes – for work with Protected Adults [ ]  Yes – for work with Children |
| Full Name of Applicant |       |
| Job requisition Number (for advertised posts) |       |
| Assignment Number (for current employees) |       |
| Job Title |       |
| Proposed Start Date (dd/mm/yyyy) |       |
| Line Manager Name\* |       |
| Line Manager Assignment Number\* |       |
| Line Manager Email\* |       |
| School/Department |       |
| \*If you are applying for PVG only because you are the day-to-day supervisor or line manager of someone in a regulated role, we do not need your line manager details as there is no requirement for them to also be checked. |
| Applicant’s Email Address |       |
| Applicant’s Date of Birth (dd/mm/yyyy) |       |
| Applicant’s **Current** Home Address(Corresponding proof of address is required, see Section 3. It must be the latest address that the applicant will specify when completing their address history on their PVG application) |       |
| **Section 2: Documentation Required** |

|  |  |
| --- | --- |
| All Applicants | Three verified forms of ID (at least one photographic and one address-based). See [Section 3](#Section3) for guidance. Verification should be carried out by the recruiting department to the standard of a right to work check. |
| Applicants who have been resident in a country outside the UK for a period of 3 months or more during the past 5 years prior to their start date of employment | A criminal records check certificate or equivalent from each country in which they have been resident. Guidance on obtaining the appropriate certificates is available on the [Gov.UK](https://www.gov.uk/government/publications/criminal-records-checks-for-overseas-applicants) webpage.Please note this is not essential in relation to France; Germany; Greece; Hungary; Ireland; Italy; Lithuania; Netherlands; Poland; Portugal; Romania and Spain as Disclosure Scotland have reciprocal agreements to undertake criminal records checks directly with the relevant authorities in these countries. |
| Applicants who will be working in the NHS (e.g. work with patients, patient data or tissue). | Please refer to the guidance on [NHS Honorary Cover](https://www.ed.ac.uk/human-resources/about/in-colleges/medicine-vet-medicine/nhs-honorary-cover/nhs-honorary-cover) to confirm the additional checks and documentation required. |

|  |
| --- |
| **Section 3: Accepted Forms of Identification**Three verified forms of ID must be provided with a Disclosure or PVG application. At least one of the documents must be photographic and at least one must show the applicant’s current home address. |

|  |  |
| --- | --- |
| **Forms of ID** | **Proof of Address** |
| * Passport
* UK Driving Licence (Full or Provisional)
* Valid EU Country Photo Identity Card
* UK Firearms licence
* HM Forces ID card (UK)
* Birth Certificate (issued within 12 months of date of birth, full or short form acceptable)
* Adoption Certificate (UK)
* Marriage / Civil Partnership Certificate
* Permanent residence card, registration certificate, Biometric Immigration document, or other document issued by the Home Office or the UKVI
* Asylum Registration Card
* Certificate of British nationality
 | * Utility Bill (electricity, gas, water, telephone – including mobile phone)
* Bank or Building Society Statement\*\*
* Credit Card Statement
* Store Card Statement
* Mortgage Statement
* Valid Insurance certificate
* P60 or P45
* Letter from a Government agency/department\*
* Financial statement e.g. pension, endowment, ISA\*\*
* Valid vehicle registration document
* Court summons
* Court Claim Form

\* must be less than 3 months old\*\* issued within the last 12 months |
| **Section 4: Level 2 Disclosure**Please tick the rationale for the application below |
| Veterinary Surgeon | [ ]   |
| The applicant’s normal duties are concerned with the provision of health services and are of such a kind as to enable the applicant to have access to persons in receipt of such services, but are not within the definition of regulated work (see Section 5) where PVG is required. | [ ]  |

|  |
| --- |
| **Please provide further details of the of applicant’s duties that require Level 2 Disclosure**(not required for Veterinary Surgeons) |
|       |

|  |
| --- |
| **Section 5: Protection of Vulnerable Groups (PVG) Scheme Application** |
| **Regulated Activities with Children** (please see guidance on the [Disclosure and PVG Checks](https://human-resources.ed.ac.uk/recruitment-guidance/disclosure-and-pvg-checks) webpage).Tick to confirm the activities the applicant will undertake as part of their normal duties: |
| Having responsibility for the safety and welfare of a child | [ ]  |
| Teaching, instructing or delivering training to children | [ ]  |
| Providing advice or guidance to children in relation to career development or education | [ ]  |
| Being in charge of or caring for children | [ ]  |
| Practising with children as a registered medical practitioner, nurse, health visitor, midwife, chiropractor, dentist or dental care professional, optometrist or dispensing technician, osteopath, pharmacist or pharmacy technician and professions with the Health and Care Professions Council | [ ]  |
| Providing counselling, therapy or advice, guidance or advocacy support in relation to health or wellbeing to children | [ ]  |
| Providing cultural, leisure, social or recreational activities for children | [ ]  |
| Coaching children in relation to sports or physical activity | [ ]  |
| Carrying out an activity in an educational institution, hospital, nursery, day care premises, hospice, residential care setting or secure accommodation for children where there is the opportunity for unsupervised contact with children | [ ]  |
| Day-to-day supervisor or line manager of someone in a regulated role concerning children | [ ]  |
| Please provide details of the staff you are responsible for: |
| Employee Name/s |       |
| Employee Assignment Number/s |       |

|  |
| --- |
| **Regulated Activities with Protected Adults** (please see guidance on the [Disclosure and PVG Checks](https://human-resources.ed.ac.uk/recruitment-guidance/disclosure-and-pvg-checks) webpage).Tick to confirm the activities the applicant will undertake as part of their normal duties: |
| Teaching, instructing, training or supervising protected adults | [ ]  |
| Providing advice or guidance to a protected adult in relation to education, training or employability | [ ]  |
| Practising with protected adults as a registered medical practitioner, nurse, health visitor, midwife chiropractor, dentist, dental care professional, optometrist or dispensing technician, osteopath, pharmacist, pharmacy technician or in a profession under the Health and Care Professions Council  | [ ]  |
| Being in charge of protected adults | [ ]  |
| Having responsibility for the safety and welfare of protected adults | [ ]  |
| Providing counselling, therapy or advice, guidance or advocacy support in relation to health or wellbeing to protected adults | [ ]  |
| Providing cultural, leisure, social or recreational activities for protected adults | [ ]  |
| Coaching protected adults in relation to sports or physical activity | [ ]  |
| Providing religious activities or services for protected adults | [ ]  |
| Day-to-day supervisor or line manager of someone in a regulated role concerning protected adults | [ ]  |
| Carrying out an activity in a hospital, hospice, care home, day care centre or adult placement setting where there is the opportunity for unsupervised contact with protected adults | [ ]  |
| Please provide details of the staff you are responsible for: |
| Employee Name/s |       |
| Employee Assignment Number/s |       |
| **Please tick to confirm why the individuals you will be working with are deemed Protected Adults** |
| By reason of **physical or mental disability, illness, infirmity or ageing** they either have an impaired ability to protect themselves from physical or psychological harm or require assistance with the activities of daily living. | [ ]  |
| They are **homeless**, as defined by section 24 of the Housing (Scotland) 1987 and are receiving counselling, therapy, advice, guidance or advocacy support in relation to health or wellbeing from the applicant.  | [ ]  |
| They have experienced, are experiencing or are at risk of experiencing **domestic abuse** and are receiving counselling, therapy, advice, guidance or advocacy support in relation to health or wellbeing from the applicant. | [ ]  |
| They are receiving a prescribed **health service** | [ ]  |
| They are being provided with a prescribed **community care service** | [ ]  |

|  |
| --- |
| **Please provide further details of the of applicant’s duties that require PVG.** |
|       |
| **Section 6:** **Before submitting this form, please check that the following has been completed and is attached to the request.** |
| **Level 2 Disclosure Check** | **PVG Check** |
| Completed [**Section 1**](#Section1) **[ ]**  | Completed [**Section 1**](#Section1)**[ ]**  |
| Provided verified ID and any other documents specified in [**Section 2**](#Section2new) **&** [**Section 3**](#Section3)**[ ]**  | Provided verified ID and any other documents specified in [**Section 2**](#Section2new) **&** [**Section 3**](#Section3)**[ ]**  |
| Completed the details in [**Section 4**](#Section4)  **[ ]**  | Completed the details in [**Section 5**](#Section5)**[ ]**  |
| **Completed forms and relevant attachments should be emailed to** **Human Resources** |
| Completed By |       |
| Date (dd/mm/yyyy) |       |