

CAS Form



This form is to be completed by the approved person verifying identity (Verifier)

Applicant's Details

(This section **only** can be completed by the applicant but **must** be checked by the Verifier)

Title

Surname

First name

Middle name(s)

Date of Birth

Address

Home tel. No.

Daytime tel. No.

E-mail address

Post/Position

Name of organisation applicant will be working/volunteering for

Please tick appropriate boxes

This post Involves working with Children/Young people Vulnerable Adults

This post is Voluntary **or** Paid

Level of Disclosure required Enhanced **or** Standard

Please send this form together with the CRB/Disclosure Scotland form, Documentary Evidence Sheet and any other additional sheet to the CAS (25 Marylebone Road, London, NW1 5JR)

Verifier's Details

The Verifier **must** complete this section

Title

Name

Address

Denomination

Tel. No

Date of Birth

Alternative contact (If your organisation requires the Disclosure notification letter to be sent to a different/additional person then the Verifier above should enter details here. Please note that it is not necessary to complete this section in most cases).

Name

Address

Declaration

- I confirm that the applicant detailed on this form will be working/volunteering in the role stated and/ or similar roles which involve children/ young people and / or vulnerable adults.
- I confirm that I have met with the applicant and in his / her presence have seen and checked the original documents listed on the accompanying Documentary Evidence Sheet (DES).
- I confirm that the details on the identity documents correspond to any details known to me and also to the information provided on the CRB/ Disclosure Scotland form by the applicant.
- I confirm that information provided on this form is complete and true and understand that knowingly to make a false declaration may be a criminal offence.

Signature Date