Update Service Access Consent Form

**Applicant**

In order to complete an Update Service check the original paper copy of your disclosure will need to be viewed. Please complete the below with details from your original disclosure certificate:

Full Name:

Date of Birth:

12 Digit Certificate Number:

Workforce (tick as appropriate)  Adult  Child

Barred list check (tick as appropriate)  Adult  Child  N/A

I confirm that the above details are accurate and that I give my permission to the Diocese of Bath and Wells to access my Update Service records. I am aware that this form will be retained by the Diocese for audit purposes.

Date

Signed

Signatures must be handwritten or scanned. Electronic signatures cannot be accepted.

**Verifier**

I confirm that I have viewed the original paper copy of the disclosure, the details above are accurate, and the workforce matches the requirements for the role.

Full Name:

Role / Position:

Parish / Deanery:

Signed

Date