

PART B Applicant's details

B1 Title Mr Mrs Miss Ms Other
If 'Other' please give details

B2 Surname

B3 Forename(s)

B4 Name usually known by

B5 Surname at birth (if different)
 used until

B6 Any other surname(s) used? No Yes *If 'Yes', please complete F1, if 'No' go to B7*

B7 Any other forename(s) used? No Yes *If 'Yes', please complete F5, if 'No' go to B8*

B8 Gender Male Female

B9 Date of birth

B10 Place of birth - Town
 Country

B11 National insurance number

B12 Driving licence number

B13 Do you hold a valid passport? No *If No, go to B17.* Yes *If Yes, complete B14, B15 and B16.*

B14 Passport number

B15 Nationality

B16 Country of issue

B17 Do you have an ISA registration number? No *If No, go to B19.* Yes *If Yes, complete B18.*

B18 ISA registration number

B19 Do you have a Scottish Vetting & Barring number? No *If No, go to B21.* Yes *If Yes, complete B20.*

B20 Scottish Vetting & Barring number

B21 Preferred contact number

PART C Application for Registration with ISA

C1 Are you applying for registration with ISA? No *If No, go to Part D.* Yes *If Yes, complete C2 - C5.*

C2 Do you intend to work, paid or unpaid, with *(Cross all that apply)* Children Vulnerable Adults

C3 Do you intend to work, paid or unpaid, in controlled activity with *(Cross all that apply)* Children Vulnerable Adults

C4 Are you applying as a free of charge volunteer? No Yes
By placing X in the Yes box at C4 I understand that I may be liable for payment at a later date should my employment status change.

C5 Security information - name of first school

For security reasons you may be asked to provide this, together with other personal information, when contacting AccessNI or ISA.

PART D Applicant's current and delivery address

Please give details of your current address. This is the address to which all correspondence will normally be sent.

D1	Current address	<input type="text"/>
		<input type="text"/>
D2	Town / City	<input type="text"/>
D3	County	<input type="text"/>
D4	Country	<input type="text"/>
D5	Postcode	<input type="text"/>
D6	Lived at this address since	<input type="text"/> / <input type="text"/> / <input type="text"/>

Please give details of a preferred Delivery Address for the Applicant's Correspondence (if different from above).

D7	Delivery address	<input type="text"/>
		<input type="text"/>
D8	Town / City	<input type="text"/>
D9	County	<input type="text"/>
D10	Country	<input type="text"/>
D11	Postcode	<input type="text"/>

PART E Address history

If you have lived at the address at D1-D5 for less than 5 years please provide details of all your previous address(es), including student accommodation, and dates of residence for the last 5 years. There must be no gaps in the dates; overlapping dates are acceptable. Please start with the most recent address and work backwards. If necessary, please use the approved Address Continuation Sheet – this is downloadable at www.accessni.gov.uk.

E1	Address	<input type="text"/>
		<input type="text"/>
E2	Town / City	<input type="text"/>
E3	County	<input type="text"/>
E4	Country	<input type="text"/>
E5	Postcode	<input type="text"/>
E6	Lived at this address from	<input type="text"/> / <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> / <input type="text"/>
E7	Address	<input type="text"/>
		<input type="text"/>
E8	Town / City	<input type="text"/>
E9	County	<input type="text"/>
E10	Country	<input type="text"/>
E11	Postcode	<input type="text"/>
E12	Lived at this address from	<input type="text"/> / <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> / <input type="text"/>

PART F Names history

This Section should only be completed if you have answered Yes to questions B6 or B7. You must provide details of your previous name(s), along with dates these names were used. There must be no gaps in the dates; overlapping dates are acceptable. Please use an additional page if necessary, clearly writing your current name at the top of the page.

F1	Previous surname	<input type="text"/>						
F2	date used from	<input type="text"/> /	<input type="text"/> /	<input type="text"/>	to	<input type="text"/> /	<input type="text"/> /	<input type="text"/>
F3	Previous surname	<input type="text"/>						
F4	date used from	<input type="text"/> /	<input type="text"/> /	<input type="text"/>	to	<input type="text"/> /	<input type="text"/> /	<input type="text"/>
F5	Previous forename	<input type="text"/>						
F6	date used from	<input type="text"/> /	<input type="text"/> /	<input type="text"/>	to	<input type="text"/> /	<input type="text"/> /	<input type="text"/>
F7	Previous forename	<input type="text"/>						
F8	date used from	<input type="text"/> /	<input type="text"/> /	<input type="text"/>	to	<input type="text"/> /	<input type="text"/> /	<input type="text"/>

Once you have completed Part F, please return to B8 to continue with this Form.

PART G Declaration by Applicant

By signing the applicant declaration box I confirm that the information that I have provided in support of this application is complete and true and I understand that knowingly to make a false statement for this purpose may be a criminal offence.

G1 Do you have any convictions? No Yes

G2 Signature of applicant *(please sign in box)*

G3 Date of signature

/

G4 Name (in CAPITALS)

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

You must now return this form to the person who asked you to complete it

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