



A Chara,

As part of the Comhairle Uladh C.L.G code of best practice in relation to child protection and to comply with current child protection legislations it has been decided to take the necessary steps to ensure that all personnel working with children i.e. under 18 within our counties and clubs must as part of our safe recruitment procedures be vetted.

In order to comply with the legislation under The Protection of Children and Vulnerable Adults (N.I.) Order 2003, the 2007 Safeguarding Vulnerable Groups (NI) Order and the The Protection of Freedoms Act 2012, it has been our policy from the 1<sup>st</sup> April 2008 to ask for the relevant check to be carried out by AccessNI. This check will enable Comhairle Uladh to ensure there is no known reason that should prevent those individuals from working with Children and/or Vulnerable Adults.

To ensure that everyone is satisfactorily and legally involved, it is necessary that all personnel working with Children and /Or Vulnerable Adults shall be classified as unsupervised and should apply as such. All activity involving a Child And/or Vulnerable Adult will be deemed as training or coaching regardless of the specific role being undertaken by the individual insofar that they are directly accessible to Children and/or Vulnerable Adults.

The check will tell us: if you have a criminal record; if your name is included on the Disclosure and Barring Scheme (DBS) list of individuals barred from engaging in regulated activity with children; or if relevant the DBS list of individuals barred from engaging in regulated activity with adults; and any other information held by the authorities that may be relevant to the position applied for. Any information received will be treated confidentially and recruitment decisions will be made with discretion and will only have the involvement of the Comhairle Uladh case management group and will be treated with strict confidentiality. Should we need to speak to you regarding any information received we will do so without delay. A copy of your disclosure certificate will be returned directly by AccessNI to you and also to Comhairle Uladh.

In order for us to comply with the relevant legislation we request that the attached form is completed and returned via the Club nominated officer to **Comhairle Uladh CLG, 8 – 10 Market Street, Armagh. BT61 7BX.**

We would request that this matter be treated as a matter of urgency.

Is mise, le meas,

**Bearní Ní Sionnaigh**  
Provincial Childrens' Officer  
Chomhairle Uladh



**\*For further information on regulated activity, please contact Ulster GAA Children's Officer (028) (048)37521900**

**Application check list.**

- 1. Have you completed all of sections B,D,E,F and G?**
- 2. Have you enclosed relevant photocopies of \*identity documents as required?**  
**\* Documents must be verified by nominated person in club**

***Data Protection.***

Information on this form will be treated in confidence. AccessNI is registered with the Information Commissioner and data supplied by you on this form will be processed in accordance with the provisions of the Data Protection Act 1998. The full protection statement is set out in section 1.10 of the Guide and can be accessed by visiting

[www.nidirect.gov.uk/accessni](http://www.nidirect.gov.uk/accessni)

The details provided on this Application Form may be referred by AccessNI to Government data sources specified in the Police Act 1997 (as amended) for matching purposes. Where a match is found data may be released to AccessNI for inclusion on the Disclosure Certificate. The details provided may also be used to update data source records where necessary, and they may also be used to confirm identity against external data sources using an electronic authentication product.

**Office Use Only**

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## Valid Identification Documents

In accordance with AccessNI Circular 1/2012 (issued in December 2012), ideally three documents must be produced in the name of the applicant; **one from Group 1 and two from Group 2** (see below). If this is not possible, then **four documents from Group 2** must be produced, one of which must be a birth certificate issued after the time of birth. It is preferred that at least one of these documents includes photographic identification.

GROUP 1	GROUP 2
<input type="checkbox"/> Current Passport (any Nationality) <input type="checkbox"/> Biometric Residence Permit (UK) <input type="checkbox"/> Current Driving Licence (UK, ROI, Isle of Man, Channel Islands or any EU country) <input type="checkbox"/> Original Birth Certificate (UK, Isle of Man or Channels) issue at time of birth <input type="checkbox"/> Original Long Form Irish Birth Certificate – issued at time of registration of birth <input type="checkbox"/> Adoption Certificate (UK, Isle of Man or Channel Islands)	<input type="checkbox"/> Birth Certificate (UK, ROI, Isle of Man or Channel Islands) issued after time of birth <input type="checkbox"/> Marriage/Civil Partnership Certificate (UK, Isle of Man or Channel Islands) <input type="checkbox"/> HM Forces ID Card (UK) <input type="checkbox"/> National Insurance Card or notification letter with NI number (UK) <input type="checkbox"/> Firearms Licence (UK and Channel Islands) <input type="checkbox"/> Bank / Building Society Account Confirmation Letter <input type="checkbox"/> Electoral ID Card (NI only) <input type="checkbox"/> EU National ID Card <input type="checkbox"/> Cards carrying the PASS Accreditation logo (UK and Channel Islands) <input type="checkbox"/> Senior SmartPass (Translink) (NI only) <input type="checkbox"/> Current UK Driving Licence (old paper version) <input type="checkbox"/> Examination certificates (16-18 year olds only) <input type="checkbox"/> Bank/Building Society Statement (UK or EEA)* <input type="checkbox"/> Credit Card Statement (UK or EEA)* <input type="checkbox"/> Utility Bill (UK or ROI)* – not mobile phone <input type="checkbox"/> Benefit Statement (UK)* <input type="checkbox"/> Addressed payslip* <input type="checkbox"/> Mortgage Statement (UK or EEA)** <input type="checkbox"/> Financial statement (UK)** <input type="checkbox"/> P45/60 Statement(UK and Channel Islands)** <input type="checkbox"/> Land and Property Services Agency rates demand (NI only)** <input type="checkbox"/> Work Permit/Visa (UK) (UK Residence Permit)**. <input type="checkbox"/> Letter from a Head Teacher or Further Education College Principal (16-18 year olds in full time education – only to be used when other documentation routes are exhausted) **
<p>* documentation must be less than 3 months old</p>	
<p>** documentation must be issued within the last 12 months</p>	

## 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

For AccessNI use only

## 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.nidirect.gov.uk/accessni](http://www.nidirect.gov.uk/accessni).

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"/> <input type="text"/> <input type="text"/> to <input type="text"/> / <input type="text"/> / <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"/> <input type="text"/> <input type="text"/> to <input type="text"/> / <input type="text"/> / <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"/> <input type="text"/> <input type="text"/> to <input type="text"/> / <input type="text"/> / <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"/> <input type="text"/> <input type="text"/> to <input type="text"/> / <input type="text"/> / <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

I understand the following:

- AccessNI may use the information I have supplied on this form to verify my identity and to check this application.
- AccessNI may use the information I have supplied on this form for the purposes of the prevention or detection of crime in accordance with section 29 of the Data Protection Act 1998.
- AccessNI may pass the information I have supplied on this form, and any other information I have supplied in support of this application to other Government organisations and law enforcement agencies in accordance with section 29 of the Data Protection Act 1998.
- By signing the applicant declaration box I confirm that the information that I have provided in support of this application is complete and true. I will supply AccessNI with any additional information required to verify the information provided in this application. I understand that knowingly to make a false statement in this application is a criminal offence.

G2 Signature of applicant (please sign in box)

G3 Date of signature

/ /   

G4 Name (in CAPITALS)

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