

APPLICANT CONSENT FOR DBS PROCESSING

**For all roles requiring a DBS Check to be processed via the CSAS Registered Body
(To be completed by the applicant in BLOCK CAPITALS)**

If you have a disability that may make the completion of this form difficult, the form can be completed by someone on your behalf. However, your signature will continue to be required.

APPLICANT NAME:

NAME OF APPOINTING PARISH/RELIGIOUS CONGREGATION/ORGANISATION:

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The Catholic Safeguarding Advisory Service (CSAS) is registered with the DBS, for processing criminal record checks. Individuals working in diocesan offices, parish, religious congregations and catholic organisations (where agreed with CSAS), who carry out criminal record check processes via the DBS, are ‘agents’ of the CSAS Registered Body and are bound by the policies of the DBS and the Catholic Church national safeguarding procedures for DBS application processing.

Before we process your application, please confirm the following:

I have been provided with the CSAS DBS privacy policy (<https://www.csas.uk.net/wp-content/uploads/2018/10/Shortened-General-Privacy-Notice-19.09.18-1.pdf>).

I understand how the Registered Body and its Agents will process my personal data.

I consent to my application being processed online via a third-party data processor (e-bulk applications only).

You are required by the DBS, to confirm the following:

I have read the Standard/Enhanced Check Privacy Policy for applicants <https://www.gov.uk/government/publications/dbs-privacy-policies> and I understand how DBS will process my personal data and the options available to me for submitting an application.

I consent to the DBS providing an electronic result directly to the registered body that has submitted my application. I understand that an electronic result contains a message that indicates either the certificate is blank or to await certificate which will indicate that my certificate contains information. In some cases, the registered body may provide this information directly to my employer prior to me receiving my certificate.

Signed:

Date: