REQUEST FOR A POC(NI) AND/OR POVA (NI) SERVICE CHECK **POCVA (NI) 3**

IN CONFIDENCE

REF NO: NS

To: The POCVA Team
Child Care Policy Directorate, DHSSPS
Room D1.4
Castle Buildings
Stormont Estate
BELFAST BT4 3SQ

From: _____
_____
_____
_____
Postcode: _____
Tel No: _____ Date; _____

ALL INFORMATION MUST BE SUPPLIED. IF NOT APPLICABLE, ENTER N/A

Mr/Mrs/Miss/Ms (enter as applicable)_____ Date of Birth:_____ National Ins No:_____

Surname: _____ Previous Surname(s):_____

All Forenames: _____ Please list **all** previous addresses below:-

Address: _____ _____ _____

_____ _____ _____

_____ _____ _____

Postcode:_____ _____ _____

_____ _____ _____ Previous addresses continued

_____ _____ _____ overleaf? Yes No

_____ _____ _____

Have all Convictions/cautions been declared? YES **OR** **No Convictions/cautions to declare** NONE

Has the applicant declared any involvement in or been the subject of any adult or child abuse investigation?

YES NO **If Yes, please give dates, details and outcome of all incidents overleaf.**

Please mark with "X" in one box only – This request is to be checked against the Disqualification List/s pertaining to :-

Protection of Children only ☐ Protection of Vulnerable Adults only ☐ Both ☐

- I am satisfied that the particulars given above are accurate and that the above-named person has given written permission for the check to be made and is aware that any spent convictions will be disclosed.
- I further declare that any information given will be treated in strict confidence and used only in accordance with the Department's guidance.
- **I confirm that this check is for a post which is a regulated position under Article 31 and/or a care position as defined in the booklet "Choosing to Protect" relating to Vulnerable Adults (Para 2.2 refers).**

SIGNED: _____ NAME IN CAPITALS: _____ DATE:_____
(**Original signature** of nominated/deputy nominated officer)

TO BE COMPLETED BY POLICE AND WHOLE FORM RETURNED TO Child Care Policy Directorate

☐ No trace on the details supplied ☐ The subject may be individual to whom attached information refers.

SIGNED: _____ RANK: _____ DATE: _____

TO BE COMPLETED BY CHILD CARE Policy Directorate

☐ No information held

☐ The subject may be individual to whom attached information refers

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SIGNED: _____ DATE: _____