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| **PRESBYTERIAN CHURCH IN IRELAND**  **ACCESSNI CHECK - APPLICATION FORM FOR GROUPS** | | | | | | | | |
| Organisation name ++ | |  | | | | | | |
| Position applied for | |  | | | | | | |
| Is it a paid position? | | YesNo | | | | | | |
| Name of Applicant | |  | | | | | | |
| Date of Birth | |  | | | | | | |
| Current Address  (include postcode) | |  | | | | | | |
| Phone number | |  | | | | | | |
| Email address | |  | | | | | | |
| If the role involves working with **Children** - will this be? | | * Four or more times in a thirty-day period\* * Any overnight\* * To provide personal care\*   e.g. toileting/assistance with eating or drinking *(even if done only once)* | | | | | |  |
| If the role involves working with **Adults at risk** - in what capacity will this be? | | * Handling general household matters\*   e.g. managing the person’s cash/ paying bills/ shopping on their behalf   * Transporting to a health care appointment\* * Providing personal care for a vulnerable adult   e.g. physically assisting with eating, washing, toileting\*   * Providing health care\* * Additional information / other role \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ *(specify)* | | | | | |  |
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| Have you had treatment for any illness during the past five years which may have a bearing on your ability to work with children, young people or vulnerable adults? | | | | | | | Yes |  |
| No |  |
| *If Yes, please specify* | |  | | | | | | |
| Is there any reason that you cannot take up a position in regulated activity?  (i.e. working regularly in an unsupervised capacity with children, young people or vulnerable adults) | | | | | | | Yes |  |
| No |  |
| Do you have any convictions that are not ‘protected’(as defined by the Rehabilitation of Offenders (Exceptions) (Northern Ireland) Order 1979, as amended in 2014)? | | | | | | | Yes |  |
| No |  |
| **Applicant’s signature:** | | | | | **Date:** | | | |
| Please be aware that a criminal record will not necessarily prevent applicants from gaining a position.  If there are any disclosures on your AccessNI certificate, it is ***your responsibility*** to produce the certificate to the person who asked you to complete this form.  \* This position is eligible for an enhanced disclosure check. By signing this form you give permission to progress with an application that involves the barred list check*.* ***It is a criminal offence to apply for an Enhanced Disclosure check if you are on one of the barred lists.*** To view the policy on the Recruitment of Ex-Offenders, contact the organisation that asked you to complete this form (named here ++) Access NI’s Code of Practice and Privacy Notice is available at [www.nidirect.gov.uk](http://www.nidirect.gov.uk) | | | | | | | | |
| **Applicant instructions**   1. Go to <http://www.nidirect.gov.uk/accessni> and select ‘Apply for an AccessNI check’. 2. From the next set of options, click ‘*Apply online for an enhanced check through a registered* body’ 3. Next, scroll down the page to the green box, ‘*Create or log in to an nidirect account or apply for an enhanced check*’ - and select it. 4. The next page will ask *‘Do you have an nidirect account?’*. At this point you either sign in using your previously registered details, or, click the button to *‘Create* account’; In this case you should complete all the fields to register and create an account, using your email address and a password.   [keep these details safe as you will need them to track the progress of your case]   1. Log in to your account to commence your online application form. 2. When prompted for a PIN code, enter **186591** and complete all steps of the application. 3. Please note:for the *‘Organisation reference (optional)’* question, you must type the***name of the organisation that has asked you to complete this form*** – for example, Belfast City Mission. 4. At the final step you will be provided with your Case Reference number; write this 10-digit number below, along with the date you completed & submitted this online application.   **Case Reference**[[1]](#footnote-1)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   1. Return this form to the person who asked you to complete it. | | | | | | | | |
| **Identity validation (To be completed by Person in Charge / Authorised Signatory)**  Three documents should be produced in the name of the applicant;  Either **Three from Group 1 - OR - One from Group 1 and Two from 2a or 2b** **-**  If this is not possible, then **four** documents from **Group 2a and 2b** should be produced,  one of which must be a birth certificate issued after the time of birth.  In either case - At least one document must show the applicant’s current address.  **Applicant details as they appear on the ID documentation provided:**   |  |  | | --- | --- | | Full name: |  | | Date of Birth: |  | | Postcode: |  | | | | | | | | | |
| ***I confirm I have seen the original ID documentation as indicated on the attached sheet*** | | | | | | | | |
| |  |  | | --- | --- | | Date of ID check: |  | | Signed: |  | | Name (Capitals): |  |   ***Please attach photocopies of the applicant’s ID to this application form*** | | | | | | | | |
| **GROUP 1** | | | **GROUP 2-A** | | | | | |
| Current passport (any nationality)  Biometric Residence Permit (UK)  Current driving licence (UK, ROI, IOM, Channel Islands or any EEA country)  Original birth certificate (UK, IOM or Channel Islands) issued at time of birth  Original long form Irish birth certificate issued at time of registration of birth (ROI)  Adoption certificate (UK, IOM or Channel Islands) | | | HM Forces ID card (UK)  Firearms licence (UK, Channel Islands or IOM)  Birth certificate (UK,ROI, IOM or Channel Islands) issued after time of birth  Marriage/Civil Partnership Certificate (UK, ROI, IOM or Channel Islands)  Current driving licence photocard (full or provisional) All countries outside the EEA  Current driving licence (full or provisional paper version if issued before 1998) (UK, IOM, Channel Islands, EEA)  Electoral ID card (NI only)  Immigration document, visa or work permit (issued by a country outside the EEA – valid only if the applicant is working in the country that issued the document) | | | | | |
| **GROUP 2-B** | | | | | | | | |
| **These documents must be issued within the last 12 months** | | Mortgage statement (UK, EEA)  Financial statement e.g. ISA, Pension, Endowment (UK)  Land and Property Services rates demand (NI only)  Council tax statement (GB, Channel Islands)  P45 or P60 statement (UK, Channel Islands) | | | | | | |
| Credit card statement (UK, EEA)  Bank or Building Society statement (UK, EEA)  Bank or Building Society statement (Outside EEA)(Branch must be in the country where the applicant lives and works)  Bank or Building Society account opening confirmation letter (UK,EEA)  Utility Bill (not mobile phone) (UK, EAA)  Benefit statement e.g. Child Benefit, Pension (UK, Channel Islands)  Central or local government, government agency, or local council document giving entitlement, for example from the Dept. for Work & Pensions, Employment Service, HMRC (UK, Channel Islands) | | | | | **These documents must be issued within the last 3 months** | | | |
| **These documents must be valid at the time of checking** | | EU National ID card  Letter from head teacher or further education college principal (UK 16-19 year olds in full time education – only to be used when other documentation routes are exhausted)  yLink card issued by Translink (NI)  Letter of sponsorship from future employment provider or voluntary organisation (Non-UK / Non-EEA only for applicants residing outside UK at time of application)  60+ or Senior (65+) SmartPass issued by Translink (NI)  Cards carrying the PASS accreditation logo (UK, IOM, Channel Islands) | | | | | | |
| Once **all** sections are complete,attach copies of the applicant’s ID& send **within 11 weeks of submitting the AccessNI online form**, to**:**  TAKING CARE OFFICE, ASSEMBLY BUILDINGS, 2-10 FISHERWICK PLACE, BELFAST, BT1 6DW or [takingcare@presbyterianireland.org](mailto:takingcare@presbyterianireland.org) | | | | | | | | |

1. This is the 10 digit case reference number provided on the confirmation page (Step 12) and email when the applicant completes their details on the AccessNI on-line system. [↑](#footnote-ref-1)