A2. DBS Verification and Update Service Form

This form must be completed when an individual is presenting their DBS certificate. Where employees have undergone a DBS check/re-check for their role and received their DBS certificate in the post and presented this to their manager, the manager should complete Part One – DBS Certificate Verification only. Where an employee has been asked to undertake a check/re-check for their role and is signed up to the DBS Update Service and wishes for CFRS to use this, they must present their original DBS certificate used to register with the Update Service to their manager. In this instance the manager should proceed straight to completing Part Two – Update Service only; the employee must also read and sign the declaration under Part Two.

Part One – DBS Certificate Verification

**This part of the form is to be completed by managers who are reviewing an original DBS certificate received by an employee following their DBS check/re-check. Once managers have completed this part, the form should then be sent to the HR Team for records to be updated. Should there be a cause for concern on the DBS certificate, managers must contact a member of the HR team for advice and a Positive Disclosure Risk Assessment should be completed.**

Employee/Candidate Details

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Birth |  |
| DBS Position Title |  | Department |  |

DBS Certificate Details

|  |  |  |  |
| --- | --- | --- | --- |
| Certificate Number |  | Date of Issue |  |
| Certificate Type  | Standard |  | Information of Concern raised on Certificate  | Yes\* / No  |
| Enhanced |  |
| Enhanced – children barred list |  |
| Enhanced -adult barred list |  |
| Enhanced -children & adult barred list |  |

**\*If Yes a member of the Executive Team should be informed and a risk assessment completed.**

I confirm that I have seen the original DBS certificate and this is an appropriate level of check for the role the individual is / will undertake. I confirm I have checked the identification presented by the applicant/employee.

|  |  |  |  |
| --- | --- | --- | --- |
| Approval to Proceed | Yes / No | Date |  |
| Signed Line Manager |  | Was a Cause for Concern Identified? | Yes/ No |
| Line Manager Print Name |  | If yes (above) was a Risk Assessment Undertaken? | Yes / No / N/A |

Please return to the HR Team

Part Two - Update Service

Only complete where the employee is signed up to the Update Service.

**This part is to be completed by managers where an employee is signed up to the DBS Update Service and wishes to use this to undergo their check. The manager should check the employee’s original DBS certificate and complete the details below. The employee must then read the below declaration and also sign the form below. Completed forms should be sent to the HR Team for processing. Please note that the Update Service Check is invalid without the original DBS certificate used to register.**

ID Check Details

|  |  |  |  |
| --- | --- | --- | --- |
| Form of ID Seen |  | Date of Identification Document |  |
| Document Reference |  | Date ID Seen |  |
| Line Manager Print Name |  | Signed |  |

I hereby give Cumbria Fire and Rescue Service permission, in the course of any job application, and during any subsequent relevant employment with them to check the DBS update service. I also give permission for the manager to share the details of my DBS certificate with the HR, Payroll and Recruitment Administration Team and HR Team.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed (employee/ candidate) |  | Date |  |

Please return to the HR Team

HR Team Use only

|  |  |  |  |
| --- | --- | --- | --- |
| Date Update Service Check Completed  |  | New Disclosure Required | Yes / No |