**Request for early confirmation that an Update Service status change is / is not due to an addition to one of both of the Barred Lists**

Please provide details of the person who is requesting this check (i.e. your details):

Surname:

Click or tap here to enter text.

DBS Certificate No:

Postcode:

Click or tap here to enter text.

Please provide details of the Update Service scheme member who will be the subject of the check. These details are to be taken from the Enhanced DBS Certificate:

Click or tap here to enter text.

Yes [ ]  No [ ]

Yes [ ]  No [ ]

Is there a status change in relation to the DBS Certificate listed above?

Yes [ ]  No [ ]

Is the subject of this application a current member of the Update Service?

In order to confirm the validity of the check, please answer the following questions by clicking the appropriate box:

Does the DBS Certificate include a check of the relevant barred list(s)?

Click or tap here to enter text.

Business Telephone No:

Click or tap here to enter text.

Full Employer Address (inc. Postcode):

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Surname:

Forename(s):

Employer/
Business Name:

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**You are reminded that this request should not delay your submission of a new Enhanced DBS Certificate application.**

**In addition, you should consider whether additional safeguarding measures are appropriate until you are able to confirm the nature of any new information.**

Return this form to the following email address:

earlyconfirmation@dbs.gov.uk

DO NOT supply additional information within the email.

In the majority of cases you will receive a response via return email within seven working days.

Any queries regarding a previously submitted check should be sent to the email address listed above. Queries regarding early confirmation checks will not be facilitated by our call centre.

Please DO NOT supply any additional information regarding the subject of the check. Provide information only in direct response to the questions on this application form.

Click or tap here to enter text.

Date:

Name:

Click or tap here to enter text.

I declare that I have the permission of the individual named above to submit this application.

Click or tap here to enter text.

Click or tap here to enter text.

Date:

Name:

I declare that I am a current / prospective employer of the individual named above, and that the individual is employed / has applied for employment in regulated activity or another role entitled to an Enhanced DBS Certificate with relevant Barred List check(s).

Declarations:

If you answered ‘NO’ to any of the questions above, then your application is not valid and it should not be submitted.