



Application form - Basic Disclosure

About this form

This form is used to apply for an AccessNI Basic disclosure only. You have chosen to apply for your Disclosure Certificate on a paper application. You should note that, because you have not used the AccessNI e-applications process, it will not be possible to track or obtain updates on the progress of your case.

All fields marked with ***must** be completed or the form will be rejected.

If you require help completing this form you can call our helpline on 0300 200 7888 or speak to the person who asked you to complete the form or alternatively visit our website at: www.nidirect.gov.uk/accessni where you will find guidance.

Please complete this application form in CAPITAL letters and use black ink. Failure to complete the form correctly may result in a delay, or the form being returned unprocessed. Applicant must complete all parts of this form.

If you want to know more and why AccessNI uses your data this can be found at: www.justice-ni.gov.uk/publications/ani-privacy

Completed forms should be posted to: **AccessNI, PO Box 1085, Belfast, BT5 9BD.**

PLEASE WRITE CLEARLY IN THE BOXES PROVIDED

(Continuation sheets are available from: www.nidirect.gov.uk/accessni).

PART A Service required

*Basic (£26)

PART B Applicant's details

*Title Mr Mrs Miss Ms Other

If 'Other' please give details

*Surname/last name

*Forename(s)/first name(s)

Name usually known by

*Date of birth / / *Gender Male Female

Previous surname/last name

Date used from / / to / /

Previous forename/first name

Date used from / / to / /

If necessary, please use the approved Name continuation sheet to provide further details - this is downloadable at www.nidirect.gov.uk/accessni.

PART B (continued) Applicant's details

*Place of birth - town/city	<input type="text"/>
*Country	<input type="text"/>
*National Insurance number	<input type="text"/>
If none, are you under 16?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If none, are you a non-UK national?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*Do you hold a valid driving licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Driving licence number	<input type="text"/>
*Do you hold a valid passport	Yes <input type="checkbox"/> No <input type="checkbox"/>
Passport number	<input type="text"/>
Country of issue	<input type="text"/>
*Nationality	<input type="text"/>
Contact number	<input type="text"/>
Contact email address	<input type="text"/>

PART C Applicant's current address

Please give details of your current address. This is the address to which all correspondence will normally be sent.

*Current address	<input type="text"/>
	<input type="text"/>
*Town/city	<input type="text"/>
*County	<input type="text"/>
*Country	<input type="text"/>
Postcode	<input type="text"/>
*Lived at this address since	<input type="text"/> / <input type="text"/> / <input type="text"/>

AccessNI use only

PART C (continued) Applicant's current address

*Applicant's address history

If you have lived at the address above for less than 5 years please provide details of all your previous address(es) and dates of residence for the last 5 years. There must be no gaps in the dates; overlapping dates are acceptable. Please start with the most recent address and work backwards. If necessary, please use the approved Address continuation sheet - this is downloadable at www.nidirect.gov.uk/accessni.

*Address	<input type="text"/>	
*Town/city	<input type="text"/>	
*County	<input type="text"/>	
*Country	<input type="text"/>	
Postcode	<input type="text"/>	
*Lived at this address from	<input type="text"/> / <input type="text"/> / <input type="text"/>	to <input type="text"/> / <input type="text"/> / <input type="text"/>
*Address	<input type="text"/>	
*Town/city	<input type="text"/>	
*County	<input type="text"/>	
*Country	<input type="text"/>	
Postcode	<input type="text"/>	
*Lived at this address from	<input type="text"/> / <input type="text"/> / <input type="text"/>	to <input type="text"/> / <input type="text"/> / <input type="text"/>

PART C (continued) Applicant's delivery address

Please give details of preferred delivery address (if different from current address)

*Address	<input type="text"/>	
	<input type="text"/>	
*Town/city	<input type="text"/>	
*County	<input type="text"/>	
*Country	<input type="text"/>	
Postcode	<input type="text"/>	

PART D Payment (£26)

*Method of payment Cheque Postal Order

*If paying by cheque, please complete the cheque number

[Cheques should be made payable to AccessNI]

PART E Declaration by applicant

I understand the following:

- By signing the applicant declaration box I confirm that the information that I have provided in support of this application is complete and true. I will supply AccessNI with any additional information required to verify the information provided in this application. I understand that knowingly to make a false statement in this application is a criminal offence.
- AccessNI may use the information I have supplied on this form to verify my identity and to check this application.
- AccessNI may use the information I have supplied on this form for the purposes of the prevention or detection of crime in accordance with Schedule 2, paragraph 2(1) of the Data Protection Act 2018.
- AccessNI may pass the information I have supplied on this form, and any other information I have supplied in support of this application to other Government Organisations and law enforcement agencies in accordance with Schedule 2, paragraph 2(1) of the Data Protection Act 2018.

*Signature of applicant (please sign in box)

*Date of signature

/ /

*Name (in CAPITALS)

Data Protection

Information on this form will be treated in confidence. AccessNI is registered with the Information Commissioner. Data supplied by you on this form will be processed in accordance with the provisions of the Data Protection Act 2018.

You must now take this form to a PSNI station, along with appropriate means of identification (follow the Identification link within Legal Issues section on our website at www.nidirect.gov.uk/accessni for more information).

Once your identity has been confirmed by a PSNI officer, you should forward this completed form, along with the correct payment (see Part A) to AccessNI.

DO NOT SEND ORIGINAL IDENTIFICATION DOCUMENTS TO ACCESSNI

PART F Basic Disclosure identification check

When an individual is seeking a Basic Disclosure Certificate they must have their identity evidenced and verified at a PSNI station (unless they have been advised otherwise). If this is not possible, please contact AccessNI for advice – our Customer Helpline number is 0300 200 7888.

I have established the true identity of the applicant to be the person named above by examining a range of documents as set out in AccessNI Guidance.

*PSNI Officer's name

*PSNI Officer's number

*PSNI station stamp

*Date

/ /