



**Permission to check DBS status**

Name (please print)	
Address	
Tel number	
Email address	
Date of birth	
DBS certificate number	
DBS certificate date of issue	
DBS website ID (optional)	

I have signed up for the DBS update service                      YES / NO

I give permission for the Safeguarding Officer(s) to check my DBS certificate status at intervals as stated in the Woodhouse and Woodhouse Eaves Good Neighbour Scheme constitution in force at date of signing.

Signed                      .....

Date                      .....

Please return this completed form to the Safeguarding Officer (SGO).

**Privacy Statement**

By filling in this form you are agreeing that we can hold your details as a volunteer with the Woodhouse and Woodhouse Eaves Good Neighbour Scheme. Your details will be kept securely and are used for the purpose of contacting you about the work we do. They will not be used for any purpose outside of that and your information will never be shared with any other organisations.