

| <b>PRESBYTERIAN CHURCH IN IRELAND<br/>ACCESSNI CHECK - APPLICATION FORM FOR LEADERS</b>   |  |
|---|--|
| Name of Congregation  |  |
| Name of Organisation  |  |
| Position applied for  |  |
| Is this a paid position?  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| Name of Applicant   |  |
| Date of Birth   |  |
| Current Address<br>(including postcode)   |  |
| Phone number  |  |
| Email address   |  |
| If the role involves working with <b>Children</b> - will this be?   | <ul style="list-style-type: none"> <li>• Four or more times in a thirty day period* <input type="checkbox"/></li> <li>• Any overnight* <input type="checkbox"/></li> <li>• To provide personal care* <input type="checkbox"/></li> </ul> e.g. toileting / assistance with eating or drinking ( <i>even if done only once</i> )   |
| If the role involves working with <b>Adults at risk</b> - in what capacity will this be?  | <ul style="list-style-type: none"> <li>• Visiting every week in their own home <input type="checkbox"/></li> <li>• Transporting to a health care appointment* <input type="checkbox"/></li> <li>• Handling general household matters* <input type="checkbox"/></li> </ul> e.g. managing the person's cash / paying bills / shopping on their behalf <ul style="list-style-type: none"> <li>• Driving a church minibus every week* <input type="checkbox"/></li> <li>• Additional information / other role _____ <input type="checkbox"/></li> <li>_____ (<i>specify</i>) <input type="checkbox"/></li> </ul> |
| 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 <input type="checkbox"/><br>No <input type="checkbox"/>  |
| <i>If Yes, please specify</i>   |  |
| 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 <input type="checkbox"/><br>No <input type="checkbox"/>  |
| 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 <input type="checkbox"/><br>No <input type="checkbox"/>  |
| <b>Signature of Applicant:</b>  | <b>Date:</b>   |
| <p>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 <b>your responsibility</b> to produce the certificate to the Taking Care Office. See the <i>Application Process for Leaders</i> on the PCI website for information.</p> <p>* 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.</p> <p><b><i>It is a criminal offence to apply for an Enhanced Disclosure check if you are on one of the barred lists.</i></b></p> |  |

The Presbyterian Church in Ireland’s policy on the Recruitment of Ex-offenders is available in the ‘Resources’ section of our website.  
Access NI’s Code of Practice and Privacy Notice is available at [www.nidirect.gov.uk](http://www.nidirect.gov.uk)

Describe your reasons for wishing to take up this position.

Give details of previous experience of working with children / young people / vulnerable adults

Have you attended Taking Care Training within the last three years? No  Yes

|                         |             |  |
|-------------------------|-------------|--|
| 1 <sup>st</sup> Referee | Name        |  |
|                         | Address     |  |
|                         | Phone/Email |  |

|                         |             |  |
|-------------------------|-------------|--|
| 2 <sup>nd</sup> Referee | Name        |  |
|                         | Address     |  |
|                         | Phone/Email |  |

|                |          |  |
|----------------|----------|--|
| Interviewed by | Name     |  |
|                | Position |  |
|                | Name     |  |
|                | Position |  |

Date of Interview

|                  |              |                          |
|------------------|--------------|--------------------------|
| Session Decision | Approved     | <input type="checkbox"/> |
|                  | Not Approved | <input type="checkbox"/> |
|                  | Deferred     | <input type="checkbox"/> |

Reason for Decision

Signature of Session Member

Date

### Applicant instructions

1. Go to [www.nidirect.gov.uk/accessni](http://www.nidirect.gov.uk/accessni)
2. Select 'Apply for an AccessNI check', then 'Apply online for an enhanced check through a registered body' then select the green button 'Apply for an enhanced check through a registered body'
3. Now select the green button 'Create or log in to an nidirect account or apply for an enhanced check'
4. Complete all the fields to register and create an account, using your email address and creating a password [keep these details safe as you will need them to track the progress of your case].
5. Log in to your account to complete the online application.
6. When prompted for a PIN code, enter **940560**
7. Complete all Steps of the application. Please note: when asked for ORGANISATION REFERENCE (step 5) enter the **name of the church that has asked you to complete this form.**
8. At Step 12 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<sup>1</sup>: \_\_\_\_\_ Date submitted: \_\_\_\_\_

9. Return this form to the Designated Person / Minister.

### Identity validation (To be completed by Designated Person / Minister)

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: .....

Current Postcode: .....

*I confirm I have seen copies of / the original\* ID documentation (\*delete as appropriate) as indicated on the attached sheet*

Date of ID check: .....

Signed: .....

Name (Capitals): .....

**If the ORIGINAL documents are not seen at this stage, the slip at bottom of page 4 will need to be completed BEFORE commencing their role & sent to Taking Care office**

<sup>1</sup> 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.

|  |  |                  |
|--|--|------------------|
| <b>Please indicate which ID was provided using ✓ or X</b>  |  | <b>GROUP 1</b>   |
| <input type="radio"/> Current passport (any nationality)   | <input type="radio"/> Current driving licence (UK, ROI, IOM, Channel Islands or any EEA country)               |                  |
| <input type="radio"/> Biometric Residence Permit (UK)  | <input type="radio"/> Original birth certificate (UK, IOM or Channel Islands) issued at time of birth          |                  |
| <input type="radio"/> Adoption certificate (UK, IOM or Channel Islands)  | <input type="radio"/> Original long form Irish birth certificate issued at time of registration of birth (ROI) |                  |
|  |  | <b>GROUP 2-A</b> |
| <input type="radio"/> HM Forces ID card (UK)   | <input type="radio"/> Firearms licence (UK, Channel Islands or IOM)  |                  |
| <input type="radio"/> Birth certificate (UK,ROI, IOM or Channel Islands) issued after time of birth  | <input type="radio"/> Electoral ID card (NI only)  |                  |
| <input type="radio"/> Marriage/Civil Partnership Certificate (UK, ROI, IOM or Channel Islands)   |  |                  |
| <input type="radio"/> Current driving licence photocard (full or provisional) All countries outside the EEA  |  |                  |
| <input type="radio"/> Current driving licence (full or provisional paper version if issued before 1998) (UK, IOM, Channel Islands, EEA)  |  |                  |
| <input type="radio"/> 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)                             |  |                  |
|  |  | <b>GROUP 2-B</b> |
| <b><u>These documents must be issued within the last 12 months</u></b>   |  |                  |
| <input type="radio"/> Mortgage statement (UK, EEA)   | <input type="radio"/> Land and Property Services rates demand (NI only)  |                  |
| <input type="radio"/> Financial statement e.g. ISA, Pension, Endowment (UK)  | <input type="radio"/> Council tax statement (GB, Channel Islands)  |                  |
| <input type="radio"/> P45 or P60 statement (UK, Channel Islands)   |  |                  |
| <b><u>These documents must be issued within the last 3 months</u></b>  |  |                  |
| <input type="radio"/> Credit card statement (UK, EEA)  | <input type="radio"/> Utility Bill (not mobile phone) (UK, EEA)  |                  |
| <input type="radio"/> Benefit statement e.g. Child Benefit, Pension (UK, Channel Islands)  |  |                  |
| <input type="radio"/> Bank or Building Society statement (UK, EEA)   |  |                  |
| <input type="radio"/> Bank or Building Society statement(Outside EEA)[Branch must be in the country where the applicant lives&works]   |  |                  |
| <input type="radio"/> Bank or Building Society account opening confirmation letter (UK,EEA)  |  |                  |
| <input type="radio"/> 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) |  |                  |
| <b><u>These documents must be valid at the time of checking</u></b>  |  |                  |
| <input type="radio"/> EU National ID card  | <input type="radio"/> yLink card issued by Translink (NI)  |                  |
| <input type="radio"/> 60+ or Senior (65+) SmartPass issued by Translink (NI)   |  |                  |
| <input type="radio"/> 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)                  |  |                  |
| <input type="radio"/> Letter of sponsorship from future employment provider or voluntary organisation (Non-UK / Non-EEA only for applicants residing outside UK at time of application)                            |  |                  |
| <input type="radio"/> Cards carrying the PASS accreditation logo(UK, IOM, Channel Islands)   |  |                  |
| <b>Once <i>all sections up to this point</i> have been completed <u>attach copies of the applicant’s ID to this form</u> &amp; send, <i>within 11 weeks of submitting the AccessNI online form</i>, to:</b>        |  |                  |
| TAKING CARE OFFICE, ASSEMBLY BUILDINGS, 2-10 FISHERWICK PLACE, BELFAST, BT1 6DW  |  |                  |
| <b><u>ONLY COMPLETE THIS IF ORIGINALS NOT SEEN EARLIER AT IDENTITY VALIDATION STAGE</u></b>  |  |                  |
| <b><i>I confirm I have seen the <u>original</u> ID documentation <u>as indicated above</u></i></b>   |  |                  |
| Date of ID check:  | Signed:  |                  |
| Name of checker(Capitals):   | Role:  |                  |
| Name of Applicant:   |  |                  |
| Case Reference no. (see page 3):   |  |                  |
| <b>Send this slip to the Taking Care office</b>  |  |                  |