

# Subject's Permission Form

## DECLARATION

**Please read carefully before signing this application.**

I authorise Advanced Vetting to approach previous employers, schools/colleges, Character referees or Government Agencies to verify that the information I have provided is correct.

I authorise the company to make a consumer information search with a credit reference agency, which may keep a record of that search and may share that information with other credit reference agencies, and that also I will be required to answer any concerns raised by the report before being offered permanent employment.

I understand that some of the information I have provided in this application will be held on a computer and some or all will be held in manual records.

I agree that the Company reserves the right to require me to under go a medical examination at the Company's expense.

## DATA PROTECTION ACT 1998

Advanced vetting will use the information you have given on this form (together with any information which we obtain with your consent from third parties) for assessing your suitability for employment. It may be necessary to disclose your information to our agents and other service providers. I understand that any false statement or omission to the company or its representatives may render me liable to dismissal without notice.

To verify gaps in your employment record we may ask for your permission to apply for a Disclosure. You are applying for a position of trust and in the event of you being offered employment by Advanced Vetting or one of its clients we may apply for a Disclosure and obtain a criminal record check. However, having a criminal record does not necessarily bar you from employment. Disclosure information is treated in a sensitive way and is restricted to those who need to see it to make a recruitment decision. By signing this document you agree to show a copy of the Disclosure to your employer on request. The Disclosure information is not retained i.e. it is disposed of within the timescales recommended in the CRB Code of Practice. By signing below you agree to this process.

I also understand that should any documents provided by myself be found to be fraudulent, the company will be required to inform the relevant authorities.

I hereby certify that to the best of my knowledge, the details I have given in this application are complete and correct.

I understand that to make a false statement to the Company or it's representatives will give my employers the right to terminate my employment immediately without notice.

Applicant's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

NI Number: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_