**Request for Disclosure & Barring Service Disclosures to be obtained under Age UK Gloucestershire umbrella body status**

|  |  |
| --- | --- |
| Name of Organisation  |  |
| Name and telephone number of Organisation contact person.  |  |
| Email address of contact person |  |
| Address of organisation for correspondence/invoices including postcode  |  |
| Estimated no. of DBS checks per year |  |
| Are these checks for volunteers, for paid staff, or both?  |  |
| Why are DBS disclosures required (type of work)? |  |
| **Age UK Gloucestershire Use:** Approval by Lead Countersignatory  |  |

Please return completed forms to:

Bridget Kemp

Age UK Gloucestershire,

26 Station Road,

Gloucester, GL1 1EW

Tel: 01452 422660

**A signed umbrella body service agreement should also be returned with your form.**