

CCPAS Membership and/or Disclosure Registration Form

Please complete in **BLOCK CAPITALS & BLACK INK** and return in an envelope marked **Confidential to Disclosure Service, CCPAS, PO Box 133, Swanley, Kent, BR8 7UQ.**

Section A - this section must always be completed.

Organisation details

Are you a CCPAS Member already? YES/NO If YES membership number: _____

Organisation name: _____

Contact name: _____

Contact Address: (This must be the address where contact can be made with the Recruiter and where post can be securely received)

Post Code: _____ Tel no: _____

Email: _____

Name and Telephone Number of Senior Leader in Church/Organisation (***This must be someone other than the Recruiter or a relative of the Recruiter***)

Name: _____ Tel no: _____

Registered address (*if different from above*) _____

_____ Post Code: _____

Organisation Type (*eg Church, Charity, School etc*) & Denomination (*if church*): _____

Statutory Details (*company/charity numbers if applicable*): _____

Any previous names your organisation has been known as: _____

How did you become aware of CCPAS? _____

Section B - Only to be completed if registering for DBS checks

Lead Recruiter Details: PAID WORKER / VOLUNTEER (*Delete as appropriate*)*

Mr/Mrs/Miss/Ms/other: _____ Surname: _____

Forenames: _____

Date of birth: _____ Daytime tel no: _____ Mobile: _____

Email: _____ (An email address for the Lead Recruiter is essential)

****If you have not deleted this as applicable we will assume you are a paid worker and charge accordingly.***

CCPAS Use only - where applicable

Org set up on EBulk	Recruiter's Acceptance sent
Invitation to Recruiter sent	Checked by
Applicant Manager set up	

Statement by Church / Organisation

This church/organisation is responsible for appointing individuals that have regular or intense contact with children and/or vulnerable adults. In registering with the CCPAS Disclosure Service, we agree to comply with all the requirements contained in the Disclosure and Barring Service Code of Practice and other DBS procedures and processes. In particular, we confirm that we have adopted policies for the recruitment of offenders and safe storage of information in line with DBS expectations. We will not communicate, disclose or make available all or any part of confidential information to any third party.

We undertake to keep CCPAS informed of any changes in our organisation, personnel or practices which could materially affect our ability to work within these expectations. We enclose:

1. Completed direct debit form to facilitate payment of my annual donation and subsequent charges. This is ESSENTIAL and should only be left blank if you have already completed one for earlier membership.
2. An Enhanced Disclosure Certificate for the proposed Lead Recruiter dated less than three years ago. (If you do not have an existing Certificate full details of the procedure for clearing you as a Recruiter will be enclosed in your membership pack.)

Signed: _____ Date: _____

Lead Recruiter

Print Name: _____ Position: _____

Are you eligible for a DBS check? If so how? _____

Does your role involve you working with children or vulnerable adults at your own home? YES/NO

Please tick **ONE BOX ONLY** to indicate what introductory offer you would like to receive either:

1. 10 FREE paper DBS checks for volunteers **OR**
2. FREE registration for Online DBS checks - If selecting this option you agree to abide by the EBulk terms and conditions found at www.ccpas.co.uk/Disclosure/FairProcessing.pdf

Section C - Payment section must always be completed for new members

The annual subscription for CCPAS membership is £120.

In becoming a CCPAS member we agree to make an annual subscription of £120**.

I enclose: *(please tick appropriate box)*

Direct Debit - our preferred method of payment and **MUST** be completed for those registering for DBS Disclosures

Cheque/Online*/Phone* - only applicable for those **NOT** registering for DBS Disclosures

Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the form and send to: CCPAS PO Box 133, Swanley, Kent, BR8 7UQ

Name and full postal address of your Bank or Building Society

To: The Manager	Bank or Building Society
Address:	
Post Code:	

Name(s) of Account Holder(s)

--

Branch Sort Code

--	--	--	--	--	--

Bank/Building Society account number

--	--	--	--	--	--	--	--	--	--



Originator's Identification Number

4	1	0	7	1	4
---	---	---	---	---	---

Reference Number - For office use only

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Instruction to your Bank or Building Society

Please pay Churches' Child Protection Advisory Service Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Churches' Child Protection Advisory Service and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)
Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

*Payment can be made by credit card online or by phone if you are NOT registering for DBS Disclosures at www.ccpas.co.uk or 0303 003 11 11.

**If you are unable to pay £120 subscription please contact info@ccpas.co.uk