



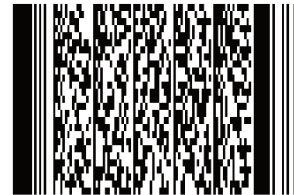
AccessNI Registration Form

This Registration Form must be completed by an appropriate person in the organisation who wishes to become a Registered Body / Registered Person (or CounterSignatory) with AccessNI. Please complete this form using **black ink** only and **CAPITAL** letters. The information provided is scanned electronically so please ensure writing is inside the boxed areas. Do not mark any other areas of the form.

The accompanying Guide has step-by-step instructions to help you complete this Registration Form. Please use these notes or call our Helpline with any questions on 0300 200 7888. Alternatively, see our website at www.dojni.gov.uk/accessni

Information contained on this form may be passed to other Government organisations and Law Enforcement Agencies for the purpose of checking Registration.

As part of the registration process AccessNI will conduct a check to determine whether the applicant is suitable to be an AccessNI Registered Person. No certificate will be issued and acceptance as a signatory is not to be regarded as an indication the Registered Person is suitable to work in regulated or controlled activity.



Completed forms should be sent to:

**AccessNI
PO Box 1085
Belfast
BT5 9BD**

PART A Type of application *(Read Note A)*

Cross (X) one box only

- A1 Initial Registration
- A2 Modify Registration details *(This should only be crossed if you are changing details about the organisation)*
- A3 Add Countersignatory
- A4 Modify Lead / Countersignatory Signatory Number
- A5 Remove Lead / Countersignatory Signatory Number
- A6 Change Designated Lead Signatory

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MF1	MF2	Sc1	Sc2

PART B Organisation details *(Read Note B) continued*

B16 Charity/Company Number

B17 I confirm that the organisation is entitled to ask the exempted questions under the Rehabilitation of Offenders (Exceptions) Order (Northern Ireland) 1979. Yes

B18 I confirm that the organisation is likely to countersign Disclosure Applications under Section 113A and/or 113B of Part V of the Police Act 1997 at the request of bodies or individuals asking the exempted questions (*Umbrella Bodies only*). Yes

B19 Code of Practice

I will ensure that the organisation complies with AccessNI's Code of Practice and will address issues raised by AccessNI to ensure adherence to its policies. Yes

B20 Number of Disclosures *(only to be completed for Initial Registration)*

Please estimate the number of each type of service listed below that are likely to be countersigned by the organisation per year.

Standard Disclosures	1-20 <input type="checkbox"/>	21-50 <input type="checkbox"/>	51-100 <input type="checkbox"/>	101-200 <input type="checkbox"/>	201-500 <input type="checkbox"/>	500+ <input type="checkbox"/>
Enhanced Disclosures	1-20 <input type="checkbox"/>	21-50 <input type="checkbox"/>	51-100 <input type="checkbox"/>	101-200 <input type="checkbox"/>	201-500 <input type="checkbox"/>	500+ <input type="checkbox"/>
ISA Registrations	1-20 <input type="checkbox"/>	21-50 <input type="checkbox"/>	51-100 <input type="checkbox"/>	101-200 <input type="checkbox"/>	201-500 <input type="checkbox"/>	500+ <input type="checkbox"/>
Basic Disclosures <i>Responsible Bodies only</i>	1-20 <input type="checkbox"/>	21-50 <input type="checkbox"/>	51-100 <input type="checkbox"/>	101-200 <input type="checkbox"/>	201-500 <input type="checkbox"/>	500+ <input type="checkbox"/>

PART C Proposed method of payment for Disclosure Applications *(Read Note C)*

This section should only be completed if you will be paying for Disclosure Certificates or ISA Registrations that you will be requesting from AccessNI. Presently, only volunteers working in certain sectors qualify for free Disclosures / ISA Registration. You should refer to Section 1.7 of our Guidance Notes to see our Volunteer Policy.

C1 Will the organisation be paying for Standard or Enhanced Disclosure Applications or ISA Registrations that you will be Countersigning. Yes No

PART D Lead / CounterSignatory details (Read Note D)

Part D must be completed by the proposed Lead Signatory for Initial Registration and by the proposed CounterSignatory for additional CounterSignatory Applications and CounterSignatory Modifications.

For CounterSignatory Removals only complete the CounterSignatory Number (A5). For CounterSignatory Modifications enter the CounterSignatory Number (A4) and then only the details that have changed below.

All changes in this Section must be authorised (in Part H) by the approved lead Signatory for the organisation.

D1	Title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other	<input type="checkbox"/>
	If 'Other' please give details	<input type="text"/>									
D2	Surname	<input type="text"/>									
D3	Forename(s)	<input type="text"/>									
D4	Name usually known by	<input type="text"/>									
D5	Surname at birth <small>(if different)</small>	<input type="text"/>									
	used until	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D6	Any other surname(s) used?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>						
	If Yes - give name(s)	<input type="text"/>									
	and date(s) used from	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		to	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D7	Any other forename(s) used?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>						
	If Yes - give name(s)	<input type="text"/>									
	and date(s) used from	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		to	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D8	Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>						
D9	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D10	Place of birth -	Town	<input type="text"/>								
		Country	<input type="text"/>								
D11	National insurance number	<input type="text"/>									
D12	Driving licence number	<input type="text"/>									
D13	Do you hold a valid passport?	No	<input type="checkbox"/>	<i>If 'No', go to D17</i>							
		Yes	<input type="checkbox"/>	<i>If 'Yes', complete D14, D15 and D16</i>							
D14	Passport number	<input type="text"/>									
D15	Nationality	<input type="text"/>									
D16	Country of issue	<input type="text"/>									
D17	Preferred contact number	<input type="text"/>									
D18	Business E-mail Address	<input type="text"/>									

PART D Lead / CounterSignatory details (Read Note D) continued

D19 Current Home Address

D20 Town / City

D21 County

D22 Country

D23 Postcode

D24 Lived at this address since / /

If you have lived at the address at D19-D23 for less than 5 years please provide details of all your previous address(es) and dates of residence for the last 5 years. There must be no gaps in the dates; overlapping dates are acceptable. Please start with the most recent address and work backwards.

If necessary, please use the approved Address Continuation Sheet – this can be downloaded at www.dojni.gov.uk/accessni

D25 Address

D26 Town / City

D27 County

D28 Country

D29 Postcode

D30 Lived at this address from / / to / /

D31 Address

D32 Town / City

D33 County

D34 Country

D35 Postcode

D36 Lived at this address from / / to / /

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PART H Authorisation *(Read Note H)*

Do not complete this section for Initial Registration.

This section must be completed by the Lead Signatory for the Registered Body.

H1 Lead (Proposed) Signatory Name

H2 Lead (Proposed) Signatory Code

Only complete the following for CounterSignatory Applications

H3 I confirm I have verified the Identity of the proposed CounterSignatory in line with the AccessNI identification requirements. Yes

H4 I confirm that the information and changes on this Form are necessary to maintain an accurate and up-to-date AccessNI registration for this Registered Body. Yes

Warning: It is a criminal offence to make an untrue statement to help obtain a Disclosure Certificate. The work of AccessNI includes checking that your details are genuine. The signature that you supply here will be checked against the sample you supplied on the Initial Registration Application.

H5 Signature *(please sign in box)*

H6 Date of signature

 / /

PART I Payment for registration *(Read Note I)*

The cost for Initial Registration is £150; this includes the Registration of the Lead Signatory. The cost of Registration for additional Countersignatories is £10. There is no charge for Registered Body Modification, CounterSignatory Modification or CounterSignatory Removals.

Initial Registration fee to be paid 'On Account'.

Data Protection: Information on this form will be treated as confidential. AccessNI is registered by the Information Commissioner and data supplied by you on this form will be processed in accordance with the provisions of the Data Protection Act 1998. The full protection statement is set out in the AccessNI Information Charter on our website.