



CONSENT FORM: DBS DISCLOSURE

On completing and signing this form you allow Worcestershire County Council to scan/photocopy and store a copy of your DBS Certificate.

TITLE: MR MRS MISS MS OTHER: _____

SURNAME: _____

FIRST NAME(S): _____

DATE OF BIRTH: _____

JOB TITLE

DRIVER

PASSENGER ASSISTANT

DRIVER / PASSENGER ASSISTANT

ARE YOU AN UNPAID VOLUNTEER? NO YES

OPERATOR NAME: _____

DISCLOSURE NUMBER: _____

DATE OF ISSUE: _____

HAVE YOU SUBSCRIBED TO THE DBS UPDATE SERVICE? NO YES

SIGNATURE:

DATE: _____

Please attach this form with the scan/photocopy and return by email/post to:

Email

fneilson@worcestershire.gov.uk

By post

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