

CATHOLIC CHURCH NORTHERN DIOCESES
IDENTITY VERIFICATION FORM

PLEASE DO NOT STAPLE, STAMP OR FOLD THE ACCESSNI APPLICATION FORM (To assist scanning of form by AccessNI)

NOTES FOR VOLUNTEERS

- Complete **part 1** of this form.
- You must complete parts B, D, E, F and G of the ACCESS NI Form in **black ink and BLOCK CAPITALS**.
- Make arrangements with a C.C.C member to check your photographic ID from Group 1 and also your two chosen documents from Group 2 **as set out in the ACCESS NI Guidance**.

NOTES FOR C.C.C MEMBER

- Complete **part 2** of this form to confirm that you have verified the identity of the applicant having checked the valid identification documents as listed in part two of the application form. Please detail type of document and related reference number for driving licence identification.
- You should return the identification documents to the applicant once you have completed part 2 below.
- Further guidance is available from the Catholic Church Northern Dioceses Office: 028 90 492783 / cponorthernvetting@gmail.com

PART 1 – Details of Applicant

Full Name: _____ **D.O.B:** ____/____/____
(Block Capitals)

Address: _____ **Post Code:** _____
(Block Capitals)

Contact Tel: _____ **Male:** **Female:**

Diocese: _____ **Parish/Organisation:** _____
(Block Capitals) (Block Capitals)

Role: _____

(Please tick all boxes that apply)

Will you be working with: Children (under 18)

Will you be working with: Vulnerable Adults

For the purposes of this application:

Are you a Volunteer or:

Are you in a Paid Role: If so, please send a cheque for £33 made payable to Northern Diocese Vetting

PART 2 – Declaration

I attach an Access NI Form for the above named person and I confirm that I have verified the applicant's identity by checking the photographic identity (i) from group 1 and 2 valid identification documents (ii) and (iii) from group 2: or five documents from group 2 as listed below:

(i) _____ (Driving Licence Ref No. _____)

(ii) _____ (iv) _____

(iii) _____ (v) _____

Signed: (C.C. I.D Verifier) _____

Print Name: _____ **Date:** _____

PLEASE RETURN COMPLETED FORMS TO

The Registered Person Catholic Church Northern Dioceses Office, Good Shepherd Centre,
511 Ormeau Road, Belfast BT7 3GS