**Consent to Check Confidential Information**

As part of my application to work with We Are Survivors, I consent to the personal identity details I have provided being checked against information held by the Department for Children and Education, such as the confidential Client Index Register and the Child Protection Register.

I consent to We Are Survivors providing any relevant information to the above organisations and for any relevant information held about me to be shared with We Are Survivors.

I understand that these checks are additional to the check being sought from the Disclosure Barring Scheme and are solely for the purpose of assessing my suitability to become a volunteer with We Are Survivors.

|  |  |
| --- | --- |
| **Surname:** |  |
| **First name(s):** |  |
| **Previous / Other names used:** |  |
| **Date of Birth:** |  |
| **Home address:** |  |
| **Postcode:** |  |
| **Home Tel:** |  |
| **Mobile Tel:** |  |
| **Email:** |  |

|  |  |
| --- | --- |
| **Signed:** |  |

|  |  |
| --- | --- |
| **Date:** |  |