



CONSENT FORM: DBS DISCLOSURE & DBS UPDATE SERVICE

On completing and signing this consent form you allow Worcestershire County Council to:

- scan/photocopy and store a copy of your Disclosure and Barring Service (DBS) certificate
- view the online status details of the DBS certificate associated with this consent and to copy/scan and store the information to maintain the Council's personnel records

TITLE: MR MRS MISS MS OTHER: _____

SURNAME: _____

FIRST NAME(S): _____

DATE OF BIRTH: _____

JOB TITLE - please tick the appropriate box/es below:

TAXI DRIVER (company driver)

TAXI DRIVER (owner driver) (driving your own vehicle on WCC contracts)

PCV DRIVER

S.19/22 DRIVER

PASSENGER ASSISTANT

TAXI DRIVER & PASSENGER ASSISTANT

PCV DRIVER & PASSENGER ASSISTANT

S.19/22 DRIVER & PASSENGER ASSISTANT

VEHICLE YOU WILL BE DRIVING ON WCC CONTRACTS

Taxi (8 or less passenger seats)

Minibus (9-16 passenger seats)

Coach (16+ passenger seats)

ARE YOU AN UNPAID VOLUNTEER? NO YES

NAME OF YOUR OPERATOR: _____

DBS CERTIFICATE NUMBER: _____

DBS CERTIFICATE DATE OF ISSUE: _____

HAVE YOU SUBSCRIBED TO THE [DBS Update Service](#)? (you have 30 days from date of issue of your DBS certificate in which to register – see [Subscribe to DBS Update Service](#))

YES NO

DATE SUBSCRIBED TO DBS UPDATE SERVICE _____

Pending N/A

SIGNATURE:

DATE: _____