**CONSENT TO CHECKS OF CONFIDENTIAL INFORMATION**

As part of my application to work with Survivors Manchester, 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 Survivors Manchester providing any relevant information to the above organisations and for any relevant information held about me to be shared with

Survivors Manchester.

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 Survivors Manchester.

|  |
| --- |
| *Title* |
| *[ ]  Mr* | *[ ]  Mrs*  | *[ ]  Miss* | *[ ]  Ms* | *[ ]  Other:* |

|  |  |
| --- | --- |
| **Surname** |  |
| **First Names** |  |
| **Maiden Name:** |  |
| **Previous /other****Surnames Used:** |  |
| **Date Of Birth:**  |  |
| **Address:** |  |

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