

(Name of organisation / home)

LASTING RECORD OF CRB DISCLOSURE

This form is intended to replace a CRB Disclosure for the named employee after the Disclosure has been destroyed under the requirements of the Data Protection Act. It contains:

- a] confirmation that the employer was satisfied at the time the employment commenced that the employment would not cause concern in respect of the safety of vulnerable adults and/or children
- b] sufficient information for an authorised body to request a copy of the original Disclosure from the Criminal Records Bureau.

EMPLOYEE NAME :	
DATE OF BIRTH:	
JOB TITLE :	
DATE COMMENCED :	

DATE CRB DISCLOSURE RECEIVED	
CRB TYPE : (Enhanced / Standard)	
DISCLOSURE NUMBER : (12 digit serial number)	
DATE OF ISSUE :	

The contents of the above person's CRB Disclosure has been considered and I hereby confirm that it is my opinion that they are suitable to work with vulnerable adults / children.

Signed (Printed) Registered Manager

Date