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CYMRU  
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Shared Services  
Partnership  
Primary Care Services

CUSTOMER  
SERVICE  
EXCELLENCE



## Guidance on How to Complete the Application Form

**Thank you for choosing NWSSP-Primary Care Services to support you with your DBS requirements.**

To obtain a DBS application form, please contact [nwssp-primarycareservices@wales.nhs.uk](mailto:nwssp-primarycareservices@wales.nhs.uk).

### On our website you will find:

- Supporting Information, check sheet and declaration.
- Identity Document List/Return Sheet for UK Nationals.
- Identity Document List/Return Sheet for non-UK Nationals.
- Types of DBS checks available and fees.
- DBS Privacy Policy consent form.
- Name/Address Continuation sheet ([DBS continuation sheet - GOV.UK](#)).

**Should you have any questions regarding the process please contact us at:**



[nwssp-primarycareservices@wales.nhs.uk](mailto:nwssp-primarycareservices@wales.nhs.uk)

Please note, as of 31 May 2021, the Disclosure and Barring Service (DBS) have implemented a change to the enhanced DBS check application process where DBS will no longer be able to amend an applicant's personal information on the application form, once it has been submitted to DBS.

DBS applications that are submitted with omitted or incorrect information regarding Sections A, B and C will be withdrawn, and a new application will need to be submitted.

**If an application is withdrawn due to an omission or error in the personal information sections, DBS will not provide a refund, and you will also be charged for submitting a new application.**

**It is therefore very important that applicants follow the guidance notes and ensure all their personal details are correct before submitting your application.**

As well as the guidance on the front of the application form, the following information will assist you in the application process. **It is important to read both guidance notes before completing the application form.**

**Please **do**:**

- ✓ Complete sections A, B, C and E (further guidance below)
- ✓ Use **BLACK INK only**.
- ✓ Ensure **CAPITAL LETTERS** are used.
- ✓ Write clearly and insert only one character in each box.
- ✓ Mark check boxes with a cross (X).
- ✓ Ensure any 'Not applicable' sections are left blank.
- ✓ Ensure all fields marked in yellow are completed, along with the supporting fields.
- ✓ Ensure your practice manager checks your completed application before submission Note: All application fees will be billed directly through the practice/individual. Please make payment on receipt of invoice, thank you.

**Please **do not**:**

- X **Do not** complete sections W, X, Y and Z.
- X **Do not** leave any gaps at the start of each line.
- X **Do not** strike through any sections that are not applicable.

**Please note that any forms completed incorrectly will delay your application and may incur an extra charge.**

## How to complete the application form:

### Section A :1 – 13

- ✓ Provide all other names you are or have been known as both professionally and/or personally, **even if you do not use the name** (both forenames, middle-names and surnames).
- ✓ Use a continuation sheet, if necessary.
- ✓ When providing dates please ensure only the MM/YYYY format is used.
- ✓ ***If you have a change in surname only, you must still declare any forename(s) on each change.***

### Section A: 20, 22 and 24

- ✓ If you have answered yes to any of these questions, please provide all other relevant information required under each question.

### Section B: 32 – 37

- ✓ Ensure that the address you enter here is your current address and matches the one on your supporting documentation.
- ✓ The date format should only be MM/YYYY.
- ✓ When you start writing on a new line, please use the first box.

### Section C: 38 – 49

- ✓ You must provide a continuous 5-year address history. Use a continuation sheet, if necessary.
- ✓ The date format should only be MM/YYYY.
- ✓ When you start writing on a new line, please use the first box.

### Section E

- ✓ Please ensure you have:
  - answered question 55
  - dated the form at 57
  - sign within the box.
- ✗ Please do not go over the lines of the box.

Guidance on completing the form can also be found on the DBS website:  
<https://www.gov.uk/government/publications/dbs-application-forms-guide-for-applicants>.

## **How to submit the application**

Once you have completed the application form and your Practice Manager has verified your three ID documents, you will need to send the completed application form and any supporting information, such as the DBS supporting information sheet & signed declaration, privacy policy, copies of ID and any continuation sheets (if applicable) to the address below.

### **For GP and Ophthalmic Practices:**

Performers List Team  
Contracts Management  
NWSSP - Primary Care Services  
First Floor, Cwmbran House  
Mamhilad Park Estate  
Pontypool  
NP4 0XS

### **For Dental and Pharmacy Practices:**

Performers List Team  
Contracts Management  
NWSSP-Primary Care Services  
Floor 2, Matrix House  
Northern Boulevard  
Matrix Park  
Swansea Enterprise  
Swansea  
SA6 8BX

When returning your application, please also ensure you have completed and enclosed the following:

- DBS Supporting Information, check sheet and declaration (to be completed by Employer/Practice Manager).
- Relevant Identity Document List Return Sheet with copies of your verified ID documents.
- DBS Privacy Policy consent form.
- Name/address continuation sheet (if required).

You can monitor the progress of applications submitted to NWSSP via the DBS website [Disclosure and Barring Service](#). To monitor the progress of applications you will need to enter the applicant's date of birth and the unique form reference number taken from the front page of their application form. **Please make a note of this number before submitting the application to NWSSP.**

Once your certificate is dispatched and received by you, you should show your employer the original certificate.

If you have any queries in relation to a specific application or the process in general, please do not hesitate to contact the appropriate department.