



LIVERPOOL
HOPE
UNIVERSITY

Est. 1844

APPLICATION TO REQUEST DBS CHECK

Name

Role

Line Manager

Reason for request. Please include what groups of people you will be in contact with (i.e. children/adults)

What activities will be undertaken and over what period of time?

Do these activities fall within the definition of regulated activity? If so, please outline how

How frequent will these activities take place?

To be completed by line manager

Approved YES/NO

Who will be paying for the check (Please provide cost code):

Signed

Date

To be forwarded to Personnel

Level of check:

BASIC/ENHANCED/ENHANCED WITH BARRED LIST

Application created and link sent: