

CATHOLIC DIOCESE OF NOTTINGHAM

**APPLICANT CONSENT FOR AUTOMATIC ONLINE UPDATE SUBSCRIPTION**

**For all roles requiring a DBS Check to be processed via the Safeguarding Department**

**(To be completed by the applicant in BLOCK CAPITALS)**

If you have a disability that may make the completion of this form difficult, the form can be completed by someone on your behalf. However, your signature will continue to be required.

**APPLICANT NAME:** …………………………………………………………………………………………………………………………...

**NAME OF APPOINTING PARISH/RELIGIOUS CONGREGATION/ORGANISATION:**

…………………………………………………………………………………………………………………………………

**EMAIL ADDRESS:**………………………………………………………………………………………………………………………………….

**ALL ROLES UNDERTAKEN:**

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**Before we process your application, please confirm the following:**

I consent to the Catholic Diocese of Nottingham Safeguarding Department subscribing me to the Online Update Service, I understand this process and will take responsibility for maintaining my subscription.

**You are required by the Catholic Diocese of Nottingham Safeguarding Department, to confirm the following:**

I have read the Online Update Service Guidance, and fully understand how my Certificate will be processed and maintained via this service.

I understand should I wish to withdraw the right to allow the Catholic Diocese of Nottingham Safeguarding Department access to carry out an online status check, I will need to complete an Online Status Check Consent Withdrawal form, or contact the Department directly.

I understand, should I withdraw consent and wish to continue volunteering, I will be required to complete a New & Full Disclosure Application every 3 years.

**Signed:** …………………………………………………………………………………………………………………………………

**Date:** ……………………………………………………………………………………………………………………………………

***This form will be kept by the Safeguarding Department , until the volunteer / employee steps down from their role, or completes an Online Status Check Consent Withdrawal Form.***