



CEREBRAL PALSY NORTH WEST FOOTBALL CLUB

Established 2018

Positive DBS Sign –Off Sheet

Applicant's Name:	
Date of issue of certificate:	
Type of search: Please tick which apply	<input type="checkbox"/> Standard <input type="checkbox"/> Children <input type="checkbox"/> Enhanced <input type="checkbox"/> Adults
Position:	
DBS reference number: (if needed can be traced back to the certificate which will be held by DBS)	
Write in the actual offence	
Recruitment decision taken:	
Details of Consideration, after meeting,	
Is the conviction relevant to the position?	
What is the length of time since the offence was committed?	
Is there a pattern of offending or other relevant matters?	
Have the applicant's circumstances changed since the offending behaviour?	
What were the circumstances surrounding the offence?	
Manager completing Interview:	

Approved by signature:

(Ops Director or HR Director)

Date: