

**HESSLE ROAD NETWORK**

**DISCLOSURE AND BARRING SERVICE**

**Letter of Engagement**

|  |  |
| --- | --- |
| Name of Organisation |  |
| Address |  |
| Telephone Number |  |
| Name of person authorised to receive Disclosure Information: |  |
| Designation |  |
| Email address |  |

I confirm that I am able to ask exempted questions under the Exceptions Order to the Rehabilitation of Offenders Act 1971. Also that we agree to use the Disclosure and Barring Service Access Service provided by Hessle Road Network and in doing so confirm:

* That this organisation will abide by the DBS Code of Practice.
* That we agree to pay £25 per volunteer applicant or £55 per Standard Disclosure or £75 per enhanced Disclosure for paid workers and £8 per ISA First check. Payment will be made upon receipt of an invoice.
* That a Recruitment of Ex-Offenders Policy and Correct Handling and Storage of Disclosure Information Procedure is in place.
* That Hessle Road Network will be informed in writing if any of the details given above change.

Model policies on the recruitment of ex-offenders and the handling and storage of DBS disclosure information can be found at:

[www.gov.uk/disclosure-barring-service](http://www.gov.uk/disclosure-barring-service)

I confirm that all the information I have given on this form is to the best of my knowledge and belief true and correct.

Signed:…………………………………………………………………………………………………………

Print Name……………………………………………………………………………………………………..

Designation…………………………………………………………………………………………………….

Date…………………………………………………………………………………………………………….