OXFORD SWANS HELPERS DBS VERIFICATION FORM

	r or carer/personal assistant if go in the water with a swimmer
1. Name:	
2. Address:	
3. Do you have an E	nhanced DBS form:
No→	Complete the DBS Disclosure Application Form obtainable from
	poolside unless you are a Carer/Personal Assistant in which case go to
	Q3b.
Yes_	Show the current enhanced DBS disclosure to the Protection Officer for
103 /	them to complete rest of this form
	them to complete rest of this form
To be completed by Swan	s Protection Officer
4. Name of Organisation:	
Tramo or organisc	
5. DBS reference nu	ımber:
6. Date issue:	
o. Date issue.	
7. Date for	
renewal/checking	
on line:	
O Action if	
8. Action if	
required:	