

**ARC DISCLOSURE SERVICE**

**EMPLOYER’S REGISTRATION &**

**WRITTEN INDEMNITY FORM – ACCESSNI**

**(SERVICE LEVEL AGREEMENT)**

 **Name:** ................................................................................................................................

**Title/Role:** ...........................................................................................................................

**Name of Organisation:** .....................................................................................................

**Address:** ..........................................................................................................................

.......................................................................................................................................... **Postcode**: ………………..

**Tel:** .......................................................................... **Email:** .................................................................................

When completed, please return to the ARC Disclosure Service along with copy documentation as indicated below

All organisations who wish to access the ARC Disclosure Service will need to confirm the following requirements:-

*please note, the AccessNI Code of Practice, guidelines for ID checking and sample policies can be found on our website -*

[*https://arcengland.org.uk/arc-disclosure-service/access-ni/accessni-guidance-and-documentation/*](https://arcengland.org.uk/arc-disclosure-service/access-ni/accessni-guidance-and-documentation/)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Requirement | Yes | No |
| 1 | Make all applicants (who require an AccessNI check) aware of the AccessNI Code of Practice and provide them with a copy of the CoP (upon request)  |  |  |
| 2 | Comply with AccessNI guidelines for ID checking |  |  |
| 3 | Comply with provisions in Data Protection Act 2018, and will not retain disclosure information for any longer than is required for the specific purpose. |  |  |
| 4 | Ensure that every applicant is provided with a copy of the Applicant Information Leaflet prior to commencing the AccessNI disclosure application process. |  |  |
| 5 | Ensure that all applicants for relevant positions are notified in advance of the requirement for an AccessNI check. |  |  |
| 6 | Clarify with applicants if there is any reason why they cannot work in Regulated Activity prior to them commencing an application for an Enhanced check with a Barred List check. |  |  |
| 7 | Notify all potential applicants of the possible effect of a criminal record on the recruitment and selection process, and any recruitment decision. |  |  |
| 8 | Discuss any matters revealed in disclosure information with the person seeking the position before withdrawing an offer of employment. |  |  |
| 9 | The Access NI Privacy Notice is available to applicants, |  |  |

We further confirm that we have the following policy documents in place, and that copies of same have been provided to the ARC Disclosure Service along with this form:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Requirement** | **Yes** | **No** |
| 10 | Policy on recruitment of ex-offenders.  |  |  |
| 11 | Policy on secure handling, use, storage and retention of disclosure information. |  |  |

Signed: ……………………………………………………………………. Date: …………………………….

***(Handwritten signature, typed names not accepted)***

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

Invoicing

ARC will invoice your organisation at the end of each month for any checks carried out on your behalf.

Invoice address – if different from above

Name of Organisation: ……………………………………………………………………..………..

Contact: ……………………………………………………………………………………………….

Address: ……………………………………………………………………………………….……………………………..

………………………………………………………………………………………………………………………………………..

……………………………………………..……………………………….. Post Code: …………………………………….

Telephone: ……………………………………………… Email: …………………………………………………………..

Workforce

Please confirm the workforce that your organisation carries out ‘regulated activity’ with:

* Children (under 18 years of age)
* Vulnerable adults (age 18+)
* Both Vulnerable Adults and Children

Primary Contact and ID Checker details

Name of Primary Contact: .............................................................................................

Email: ………………………………………………………………………………..

**PLEASE NOTE: IT IS THE ORGANISATION’S PRIMARY CONTACT’S RESPONSIBILITY TO LET ARC DISCLOSURE SERVICE KNOW OF ANY CHANGES WITH REGARDS TO STAFF REQUESTING CHECKS BY THE COMPLETION OF THE PIN & ID VALIDATION FORMS ISSUED BY ARC.**

The following person/s has/have been nominated by this organisation as ID checkers to complete the PIN & ID Validation form:

Name: …………………………………………………………………………………

Email: …………………………………………………………………………………

Name: …………………………………………………………………………………

Email: …………………………………………………………………………………

Name: …………………………………………………………………………………

Email: …………………………………………………………………………………

Name: …………………………………………………………………………………

Email: …………………………………………………………………………………

Name: …………………………………………………………………………………

Email: …………………………………………………………………………………

ARC Disclosure Service will provide important quarterly updates and useful information to the Primary Contact for their review, action and dissemination to other ID Checkers within the organisation.

Would you like to receive information on any other services provided by ARC:

* Membership
* Training
* Events

ARC Retention & Deletion Policy: [ARC AccessNI Retention & Deletion Policy](https://arcengland.org.uk/arc-disclosure-service/access-ni/accessni-guidance-and-documentation/)

ARC Privacy Notice: <https://arcengland.org.uk/privacy-policy/>

ARC takes your privacy seriously and will only use your information to administer the products and services you have requested from us. We will never sell your data and we promise to keep your details safe and secure.



WRITTEN INDEMNITY

ARC (The Association for Real Change) requires written indemnity against any subsequent misuse of information which is contained in a Disclosure document and which we have passed on in ‘good faith’ and in accordance with AccessNI Code of Practice.

We are therefore requesting all organisations who wish to use the ARC Disclosure Service to sign the pro-forma below:

I as an appropriately authorised representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of organisation) hereby fully indemnify Association for Real Change against any actions howsoever arising as a result of any misuse of Disclosure information which has been passed on to our organisation.

In particular this organisation recognises that the use/misuse of disclosed confidential information (such as, for example, over-hearing telephone conversations, casual oversight of confidential information, opening mail addressed to someone else against our established internal instructions, unauthorised access to stored documents or fraudulently representing a nominated member of staff) is our responsibility and that all the above examples are realistic possibilities in the handling of sensitive data.

On behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of organisation), I hereby confirm that this organisation has read and will comply with AccessNI Code of Practice and has taken all due care to ensure that as far as humanly possible, this will not ever happen and that procedures are in place to ensure that our safeguards are maintained.

In the event of unauthorised disclosure of information ever happening after ARC Disclosure Service has passed information provided by AccessNI to us (however this may occur) we acknowledge that our organisation is solely responsible for all the consequences of such an event.

Signed: ……………………………………………………………………….

***(Handwritten signature, typed names not accepted)***

Position in Organisation: ……………………………………………………

Dated: ……………………………………………………………………….

What happens now?

Please send your completed form and copy documentation (see points 10 & 11 above) to: disclosureservice@arcuk.org.uk

Or post to:

ARC Disclosure Service, Association for Real Change, 10a Marsden Street, Chesterfield, Derbyshire, S40 1JY

We will add the details you have supplied above to our Disclosure Service Records.

Once everything is in place we will email the Primary Contact to confirm that their organisation is now approved to process AccessNI checks.

We will also email step-by-step guidance notes to the Primary Contact, usually with an hour (during business hours) of receipt.

You are then ready to start your staff checks!