



Payroll People Solutions

The ones you can trust

Umbrella Organisation Application Form

Email:

umbrella_ebulk@sandwell.gov.uk

**Payroll People Solutions
PO BOX 16709
1 Providence Place
West Bromwich
B70 1FT**



Application for Sandwell MBC to undertake DBS checks on behalf of an outside organisation.

Disclosure and Barring Service (DBS) - Umbrella Organisation

Sandwell MBC are registered with the DBS and can therefore undertake DBS checks on behalf of your organisation.

In order to do so we are required to ensure that you: -

1. Have read and will comply fully with the DBS Code of Practice. [click here](#)
2. Have a written policy on the Recruitment of Ex-offenders. [click here for example](#)
3. Have a written policy on the Secure Storage, Handling, Use, Retention and Disposal of Disclosure and Disclosure Information. [click here for example](#)
4. Have a named person, to whom Disclosure information can be provided, and who will determine whether or not to appoint an applicant/volunteer (in accordance with the DBS Code of Practice).
5. Nominate a person (called a Nominee) who will collect and check the evidence, supervise and check the application form completion at a face-to-face meeting. Support and training will be provided to your nominee.

If you would like us to provide an Umbrella Service for you, please complete the enclosed Application Form and return it with a copy of your policies and the details of your nominee. We will then arrange to make contact with your nominated person.

Further details relating to the DBS and the Disclosure Service are available on the DBS website [here](#).

If you require any further details or clarification regarding our arrangements, please do not hesitate to contact the team on 0121 569 2065 or 0121 569 3300.



APPLICATION FORM
FOR SANDWELL MBC TO ACT AS AN
UMBRELLA ORGANISATION FOR DBS
CHECKS

Organisation Name	
Organisation Address	
Post Code	
Telephone Number	
Email address	

Please tick the level of DBS that you are looking to request:-

Standard <input type="checkbox"/>	Enhanced <input type="checkbox"/>
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Please tick the workforce (if applicable) that you are looking to request a DBS for:-

Children <input type="checkbox"/>	Adults <input type="checkbox"/>	Both <input type="checkbox"/>
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Please tick the type of staff you are looking to request a DBS for:-

Employee <input type="checkbox"/>	Volunteer <input type="checkbox"/>
	https://www.gov.uk/guidance/dbs-check-requests-guidance-for-employers#volunteer-applications

Please describe below the nature of your organisations business including an explanation of why a DBS check is relevant for the level and workforce selected above and commenting on whether the roles will be unsupervised with either workforce above and how regular the activity will take place :-

<https://www.gov.uk/find-out-dbs-check>

How many DBS checks (on average) will you process per annum?	
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Nominated contact officer for Organisation	Title: First Name: Surname:
Job Title/Position	
Address (if different to above)	
Telephone Number	
Email address	

Please select method of payment:-	
Invoice <input type="checkbox"/>	Purchase Order <input type="checkbox"/>

Authorisation of person at organisation making the application	Title: First Name: Surname:
Job Title/Position	
Address (if different to above)	
Telephone Number	
Email address	
I confirm that I have read the DBS Code of Practice and on behalf of the above organisation will abide by the contents. <input type="checkbox"/>	
I confirm that we have in place and implement a policy on the Recruitment of Ex-Offenders. Copy attached <input type="checkbox"/>	
I confirm that we have in place and implement a policy on and the Secure Storage, Handling, Use, Retention and Disposal of Disclosures and Disclosure Information. Copy attached <input type="checkbox"/>	
Signed:	Date:

Please return the completed application form along with required policy documents to umbrella_ebulk@sandwell.gov.uk