

DESIGNATED CHECKER'S AGREEMENT

I confirm that I have read, understood and will comply with the following: (initial in each box)

I have read and understood the application process for [DBS Checks](#)

I have read and understood '[A Countersignatory's guide to completing the DBS application form](#)'

I have read and understood the [DBS Identity Checking process guidance](#) and will establish the true identity of the applicant, through the examination of a range of documents using the guidance from the DBS Identity Checking process.

By forwarding the completed application to ASTO, the Umbrella body, I confirm that our organisation has an entitlement conforming to legislation and DBS Code of Practice to access criminal record information and complies with the [code of practice](#).

I will make available to anyone applying for a Disclosure, "An applicant's guide to completing the Application form [guidance for applicants](#); Completing a Disclosure Application Form".

I understand that we can only ask someone to apply for a criminal record check when we are entitled to ask an exempted question, as per the [DBS Check eligibility guide](#):

If you carry out criminal records checks, you MUST have a policy on employing ex-offenders. You must show it to any applicant who asks for it. Please confirm your organisation has a policy on the recruitment of ex-offenders and will provide a copy to Disclosure applicants on request. [Sample policy available from the DBS](#)

I have read and understood [ASTO's policy on the secure storage, handling, use, retention and disposal of DBS Disclosures and Disclosure information](#).

I confirm that our organisation has a similar policy and that we will make it available to applicants on request. [Sample policy available from the DBS](#)



As a member of an organisation using ASTO's services as an Umbrella Body I undertake to comply with this Agreement and with the Code of Practice for Registered Persons and Other Recipients of Disclosure information. Organisations that wish to use Disclosure and Barring Service checks must comply with the code of practice. I understand that if we are found to have breached the Agreement or the Code, ASTO may suspend or cancel this Agreement and may notify the DBS.

Please print two copies and sign as Designated Checker and ensure your Organisation's Designated Person has approved and signed and then return both copies to ASTO. A counter-signed copy will then be returned for your records.

Designated Checker Name: _____

Signature: _____

Date: _____

Designated Person approving

Name: _____

Signature: _____

Signed on behalf of: **Association of Sail Training Organisations**

By (print name) _____

Signature: _____

Date: _____