



AGREEMENT BETWEEN

THE ASSOCIATION OF SAIL TRAINING ORGANISATIONS (ASTO)

AND (Organisation name)

ASTO agrees to act as an Umbrella Body, registered with the Disclosure and Barring Service (DBS), to process Disclosure applications on your behalf.

In acting as an Umbrella Body, registered with the DBS, ASTO undertakes to comply with the DBS Code of Practice and with its own Policy on the Secure Storage, Handling, Use, Retention and Disposal of Disclosures and Disclosure Information. ASTO will update its guidance for organisations and applicants as necessary and will keep you informed of any such amendments.

This information is available at <http://www.uksailtraining.co.uk/members-corner/db>

Specific details regarding DBS checks for organisations are available at:
<https://www.gov.uk/disclosure-barring-service-check/overview>

ORGANISATION DETAILS

1. Designated Person

As part of this Agreement your organisation must nominate ONE Designated Person. This is the person who will be contacted by ASTO on receipt of any Disclosure Information and to whom any rejected applications will be addressed.

NAME	
ADDRESS	
TELEPHONE	
E-MAIL	

1. Designated Checker(s)

Your organisation may also nominate a Designated Checker(s) to be responsible for the handling of the Disclosure application process; checking applications and applicant's identification.

Each person appointed as a Designated Checker must be approved by the Designated Person and must complete a Designated Checker's Agreement. Erroneous applications and all communication regarding Disclosure results will be directed to the Designated Person only.

ASTO must be informed, as soon as possible, of any changes to the above.



As an organisation using ASTO's services as an Umbrella Body:

..... (name of Organisation)

undertakes 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 (DBS) 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.

Signed on behalf of Organisation

As Designated Person 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 <https://www.gov.uk/db-check-requests-guidance-for-employers>

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 Disclosure and Barring 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](#)



Please print two copies, sign and then return both copies to ASTO. A counter-signed copy will then be returned for your records.

Signed on behalf of: _____
Name of Organisation

By: (Name of Designated Person) _____

Position Held: _____

Signature: _____

Date: _____

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

By (print name) _____

Signature: _____

Date: _____