



ST HELENS
BOROUGH COUNCIL

Contract Driver's DBS Privacy Statement

FORM TO BE COMPLETED IN BLOCK CAPITALS.

ALL SECTIONS OF THIS FORM ARE TO BE COMPLETED.

Completed forms should be returned to: taxilicensing@sthelens.gov.uk

1. DRIVERS DETAILS

Forename(s): _____

Surname: _____

Telephone No (home): _____ Telephone No (mobile): _____

Email Address: _____

Address (as shown on your DVLA Licence)

Postcode: _____

2. HC/PH DRIVING LICENCE DETAILS

Contract Driver Licence Number: CD: _____

Current Expiry Date: _____

3. DISCLOSURE AND BARRING SERVICE (DBS) DECLARATION

DBS declaration by (print full name): _____

I confirm that I have read and understood the Enhanced Check Privacy Policy for applicants <https://www.gov.uk/government/publications/dbs-privacy-policies> and I understand how the DBS will process my personal data and the options available to me for submitting an application.

Signed: _____ Date: _____