



Lions Clubs International British Isles & Ireland

Applicants Criminal Record Check (DBS) Consent Form

Name: [insert name]

Membership Number: [insert membership number]

In the event that I change my name I will inform the DBS and MDHQ.

I confirm that I have read and understood the requirements, obligations and responsibilities in the following documents:

- Annex A of 'Applying for a DBS Enhanced Disclosure' (version 0.5);
- DBS Code of Practice; and
- MD105 Policy on the Recruitment of Ex-Offenders (version 1.1).

I agree with the data being used for the reasons declared, and on the date(s) outlined in the document.

Name : [insert name]

Date : [insert date]

Signature :