**Logo, company name

Description automatically generatedDBS Form for DBS Invoice Only Contact**

Invoices are available to download directly from the DBS Portal, and the invoice contact will be notified when they are available by email.

Please use this form to provide us with or amend the email address to which invoices should be sent (this may not be the liaison officer who already has access to the DBS Portal).

This person will only be able to access invoices. They will not be able to process or view DBS applications unless they also complete the 'DBS Form for New or Cancelled Portal User'.

Please be aware that this is **not** a DBS application form.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DfE number\*** |  | | | | | **School customer number\*** | | | |  |
| **School name\*** |  | | | | | | | | | |
| **Requesting\*** |  | Add invoice contact | | | |  | Amend invoice contact | | | |
| **Do you require office billing?** |  | Yes | | | |  | No | | | |
| **If yes, please provide the name of the Trust/School to be invoiced** |  | | | | | | | | | |
| **First name\*** | | |  | | | | | **Last name\*** |  | |
| **Date of birth\*** | | |  | | | | | **Job title\*** |  | |
| **Business Email\***  For invoice purposes | | | |  | | | | | | |
| **User’s signature** Please upload a copy of your signature to confirm that you have authorised this | | | | |  | | | | | |
| **Date** | | | | |  | | | | | |
| **Name of Headteacher authorising on behalf of the School\*** | | | | |  | | | | | |
| **Headteacher’s authorisation signature\*** The Headteacher must have authorised this DBS Portal request. Please upload a copy of the Headteacher’s signature to confirm that this has been authorised. | | | | |  | | | | | |