**Logo, company name

Description automatically generatedDBS Form for New or Cancelled Portal User: Trust Access**

This form is for Trust schools only. If you are a single school, who is not part of a Trust, please complete the Single School Access Form.

Please complete this form to inform us of new users and cancelled DBS Portal users.

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

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DfE number\*** |  | | | | | | **Trust customer number\*** | | | |  |
| **Trust name\*** |  | | | | | | | | | | |
| **Requesting\*** |  | Access for a new portal user | | | |  | | Access to be cancelled for a current portal user | | | |
|  | Access to Invoices only | | | |  | | | | | |
| **Employee number** | | |  | | | | | | | | |
| **First name\*** | | |  | | | | | | **Last name\*** |  | |
| **Date of birth\*** | | |  | | | | | | **Job title\*** |  | |
| **Direct telephone number\*** | | | |  | | | | | | | |
| **User’s work email \***  This email must only be used by the DBS Portal user | | | | |  | | | | | | |
| **User’s signature** Please upload a copy of your signature to confirm that you have authorised this | | | | |  | | | | | | |
| **Date** | | | | |  | | | | | | |
| **Name of CEO authorising on behalf of the Trust\*** | | | | |  | | | | | | |
| **CEO’s authorisation signature\*** The CEO must have authorised this DBS Portal request. Please upload a copy of the CEO's signature to confirm that this has been authorised. | | | | |  | | | | | | |

**New User**

**Complete this section if requesting a new user**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please confirm what you require access to** |  | All schools within the Trust | | |
|  | Only specific schools within the Trust | | |
| **If requesting access to specific schools within the Trust, please enter the school names and customer numbers for those you require access to** |  | | | |
| **Does your Trust require a DBS Vulnerable Adults Barred List Check?** |  | Yes |  | No |
| **Do you require access to DBS invoices?** If the answer is no, please complete the DBS Invoice Contact Form to confirm who at the School or Trust, should have access to DBS invoices. |  | Yes |  | No |

I confirm that I have read and accept the [EPM DBS Portal Terms of Use](https://4094189.fs1.hubspotusercontent-na1.net/hubfs/4094189/EPM%20DBS%20Portal%20Terms%20of%20Use.pdf)

**Cancelled User**

**Complete this section if requesting a cancelled user**

|  |  |
| --- | --- |
| **Please enter date for access to end** |  |