

**Online DBS Case Initiation Form**

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| --- | --- |
| Personal Title: |  |
| Surname: |  |
| Forename(s): |  |
| Gender: |  |
| Date of Birth: |  |
| Email Address: |  |
| Post Title: |  |
| Is this a Single Central Register role? Y/N |  |
| Will the regulated activity be with Children, Adults or Both: |  |
| Charge Code Enhanced Check = £47.13 |  |

*Please return completed form to* *hr@lancaster.ac.uk*