**Enhanced DBS Application Form**

Please complete the form below and email it to Maxine Bryce at [mb@the-ncip.com](mailto:mb@the-ncip.com) who will submit the information in confidence to the NCIP’s DBS Umbrella partner. Once submitted, the DBS organisation will contact you directly and begin the application process.

|  |  |
| --- | --- |
| Full Name including Title |  |
| Email Address |  |
| Telephone Number |  |
| Date of Birth |  |
| **Categories** | Indicate 'Yes' or 'No' for each category below to specify whether you require an Enhanced DBS check. You may select more than one category. If you do **not** work with children (under 18), you must write 'No' in that section. |
| Hypnotherapy: Adults |  |
| Hypnotherapy: Children |  |
| Counselling: Adults |  |
| Counselling: Children |  |
| Psychotherapy: Adults |  |
| Psychotherapy: Children |  |
| All the above Categories: Adults |  |
| All the above Categories: Children |  |
| NCIP Membership Number |  |