



# Lions Clubs International

## MD105 British Isles

### Applicants Criminal Record Check (DBS) Form

Name:

Membership Number:

In the event that I change my name I will inform the MD VP officer.

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.
- DBS Code of Practice.
- MD 105 Policy on the recruitment of Ex- Offenders

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

Name

Date

Signature