**ORGANISATION REGISTRATION FORM**

**Date:**

|  |  |
| --- | --- |
| Organisation Name |  |
| Website Address |  |
| Organisation Registered Address |  |
| Company Registration /Charity Number |  |
| VAT Number |  |
| **Main Contact’s** email address to receive all automated result notifications (if different from Primary Account Manager details) |  |
| **Primary Account Manager / ID Checker** (has full permissions) | Title: Name: |
| Contact Number |  |
| Email Address |  |
| Position |  |
| **Secondary Account Manager** (if applicable) | Title: Name: |
| Contact Number |  |
| Email Address |  |
| Position |  |
| If you require the Secondary Account Manager to have login details, please select below | |
| Please select which permissions you require for the Secondary Account Manager | ID Checker only  Applicant Manager  (Able to view all applications  and reset ID checks)  Primary Applicant Manager  (All the above plus able to edit applications) |
| Name and Email address to send all invoices to |  |
| Please provide information about your organisation and what type of job roles you will be checking. This will help determine what level of DBS checks your employees are eligible for  (e.g. Tutor, Electrician) |  |
| What type of establishments will you be working on?  (e.g. Hospitals, Schools, Nursing Homes) |  |
| Where did you hear about us? | **Please indicate below** |
| Recommended (by whom) |  |
| Government Website |  |
| Other (please state) |  |
| Who dealt with your enquiry? |  |
| Comments and feedback on initial contact |  |

If you are unable to send back to us via email please find our address below to send in the post.

**Criminal Records Services Ltd**

**Suite 2, Leigh Wharf**

**Canal Street (Off Twist Lane)**

**Leigh**

**WN7 4DB**

Criminal Records Services Ltd would like to thank you for your interest. Please return this registration form back to Criminal Records Services.

Form 9 Issue 6