

OXFORD SWANS
HELPERS DBS VERIFICATION FORM

To be completed by all helpers 16 and over and by all carers/personal assistants if go in the water with a swimmer

1. Name:

2. Address:

3. Do you have an Enhanced DBS form:

No→ Complete the DBS Disclosure Application Form obtainable from
poolside

Yes→ Show the current enhanced DBS disclosure to the Protection Officer for
them to complete rest of this form

Please tick in the box if you are happy for the Protection Officer to check
your DBS on line.

☐

To be completed by Swans Protection Officer

4. Name of Organisation:

5. DBS reference number:

6. Date issue:

7. Helpers DOB:

**8. Date for
renewal/checking
on line:**

**9. Date checked
on line:**

**10. Action if
required:**