

## Request for new Countersignatory to be added to CSAS DBS Registered Body Account

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Requesting Diocesan Office:

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Role of proposed Countersignatory (eg: Co-ordinator / Support Staff):

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Date proposed Countersignatory will come into post:

### Contact Information for proposed Countersignatory

Name	
Address	
Email	
Telephone Number	

### Approved by proposed Countersignatory's Line Manager

Name:

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Signed:

Date:

### TO BE COMPLETED BY CSAS HEAD OFFICE

Date completed request received	<input style="width: 95%;" type="text"/>
Date completed Countersignatory application submitted to DBS	<input style="width: 95%;" type="text"/>
Date Countersignatory Reference Number confirmed by DBS	<input style="width: 95%;" type="text"/>
Date details added to Contact List / Email Groups / Countersignatory List	<input style="width: 95%;" type="text"/>
Date National Database user profile created & advised to individual: (following receipt of signed CSAS Confidentiality agreement)	<input style="width: 95%;" type="text"/>