

Request for removal of a Countersignatory from CSAS DBS Registered Body Account

Requesting Diocesan Office:

Full Name of Countersignatory

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Countersignatory reference Number

Date from which Countersignatory should be removed from Registered Body Account

Name of the Countersignatory who will continue to Countersign DBS applications following the removal of the above named person

Approved by proposed Countersignatory's Line Manager

Name:

Signed:

Date:

TO BE COMPLETED BY CSAS HEAD OFFICE

Date completed request received

Date written confirmation sent to DBS requesting removal of Countersignatory named above

Date DBS confirmed inactive status of above named Countersignatory

Date details updated on relevant Contact List / Email Groups / Countersignatory List

Date National Database user profile made inactive