

APPENDIX F: DBS Update Service Reimbursement and Consent Form

Employee to complete	
Name:	Payroll number:.....
Job Title:.....	Contact Number:.....
Service:.....	Group:.....
<p>I attach documentary evidence of payment.</p> <p>Amount of claim: £13.00</p> <p>Subscription Start Date: Expiry Date:</p> <ul style="list-style-type: none"> • By signing, I consent for Chesterfield Borough Council, DBS Counter signatories to carry out a status check annually or when required as set out in the Staff Vetting Policy. • I am committing to renew my Update Service subscription yearly. • When I receive my DBS Certificate I will provide the original to Human Resources for verification <p>Employee signature</p> <p>Date</p>	