

COLERAINE & DISTRICT DOOR SUPERVISORS' REGISTRATION SCHEME

APPLICATION FORM

Surname: _____ **Forename(s):** _____

Maiden/Previous Name: _____ **Age:** _____

Date of Birth: _____ **Place of Birth:** _____

National Insurance Number: _____

Home Address: _____

_____ **Post Code:** _____

Telephone Number: _____ **Occupation:** _____

Previous Address within last 5 years: _____

Name of premises where you work, or expect to work as Door Supervisor:

Names of other premises where you have performed duty as Door Supervisor during the last 6 months: _____

Are you registered with any other scheme: YES / NO

If "YES", state under which scheme: _____

Name and address of a person in the licensing trade who is willing to give you a reference in connection with your duties as a Door Supervisor:

**Details of all previous convictions, including any cases pending against you:
Provide details including: Date, The Offence and Court:**

The fact that you have previous convictions may not prevent your registration.

You should obtain a strip of 4 (four) passport size photographs of yourself with a light coloured background (obtainable from photographic booths), write your name on the back and forward them with this application form. You should also send a non-refundable fee of £30. Cheques and postal orders should be made payable to “The Coleraine and District Door Staff Registration Scheme”. DO NOT SEND CASH. Application forms, photographs and fees should be sent to C.D.D.S.R.S, “Cloonavin”, 66 Portstewart Road, Coleraine, BT52 1EY.

DECLARATION

I understand that my convictions may be verified and may be considered by the Coleraine and District Door Staff Registration Scheme Committee as part of the selection process and that I must attend all of the information seminars to obtain a full approved status.

I agree to abide by the Code of Practice for Door Supervisors as detailed overleaf.

I acknowledge in particular the provisions of Clause 47.2 of the Terms of Reference “Notwithstanding registration of any person under this scheme nothing herein shall be construed by any Licensees or persons so registered as conferring responsibility on the committee for the actions or activity of any such person or Licenses.”

Normal Signature: _____ **Date of Application:** _____

ALL INFORMATION SUPPLIED WILL BE TREATED IN THE STRICTEST CONFIDENCE BUT GIVING FALSE INFORMATION MAY CONSTITUTE A CRIMINAL OFFENCE.

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**REQUEST FOR A POLICE CHECK IN RESPECT OF AN APPLICATION
FOR REGISTRATION AS A DOOR SUPERVISOR**

Part A – To Be Completed by the Applicant

I am aware that the grant of such a licence is subject to a police record check. This has been explained to me and I understand that spent convictions are not considered. I hereby declare that the information given below is true, and give my consent to a police record check being made.

Signature: _____ Date: _____

Surname: _____ All Forenames: _____

Maiden Name: _____ Previous Surnames: _____

Date of Birth: _____ Place of Birth: _____

Male/Female: _____ National Insurance No: _____

Present Address: _____

Previous addresses in last 5 years. Date from: _____ to _____

Continue overleaf if necessary, giving dates

HAVE YOU EVER BEEN CONVICTED AT A COURT OR CAUTIONED BY THE POLICE FOR ANY OFFENCE WHICH IS NOT NOW SPENT UNDER THE TERMS OF THE REHABILITATION OF OFFENDERS ORDER (NI) 1978 ? YES/ NO

DO YOU HAVE ANY IMPENDING PROSECUTIONS AGAINST YOU? YES / NO

If YES provide details below and overleaf, if necessary, including approximate date, the offence and the court which dealt with you.

Are there any criminal proceedings against you pending. YES / NO

If YES, Date of Hearing: _____

Date of Court: _____

Nature of Offence(s): _____

Part B, To Be Completed by the Nominated Officer

The details provided have been verified and I am satisfied they are accurate.

The subject has not been checked previously / was last checked on: _____ / _____ / _____

Signed: _____ (Nominated Officer) Date: _____

Part C. For Police Use Only Ref: _____

No trace on details supplied.

The subject may be identical with the persons whose criminal record is attached.

Signed: _____ Date: _____

ALL FORMS TO BE RETURNED UNDER CONFIDENTIAL COVER