

SECTIONS X-Z MUST NOT BE COMPLETED BY APPLICANT

X Evidence of identity seen by the employer/volunteering organisation/Registered Body		<i>(Please refer to the Code of Practice and your guidance notes)</i>	
1/2	Passport number	<input type="text"/>	Date of birth <input type="text"/>
3/4	Nationality	<input type="text"/>	Issue date <input type="text"/>
5/6	Driving licence number	<input type="text"/>	Date of birth <input type="text"/>
7/8	Licence type	Paper <input checked="" type="checkbox"/> Photocard <input checked="" type="checkbox"/>	Licence valid from <input type="text"/>
9	Country of issue	UK <input checked="" type="checkbox"/> Other <input type="text"/>	
10/11	Birth Certificate Date of Birth	<input type="text"/>	Issue date <input type="text"/>
12	Country of issue	UK <input checked="" type="checkbox"/> Other <input type="text"/>	
13/14	Marriage Certificate Issue date	<input type="text"/>	P45 or P60 National Insurance number <input type="text"/>
15	Current address details checked against documentation	Yes <input checked="" type="checkbox"/>	
16	Evidence seen and checked by	Name <input type="text"/>	

SECTIONS X-Z MUST NOT BE COMPLETED BY APPLICANT

X Evidence of identity seen by the employer/volunteering organisation/Registered Body		<i>(Please refer to the Code of Practice and your guidance notes)</i>	
1/2	Passport number	<input type="text"/>	Date of birth <input type="text"/>
3/4	Nationality	<input type="text"/>	Issue date <input type="text"/>
5/6	Driving licence number	<input type="text"/>	Date of birth <input type="text"/>
7/8	Licence type	Paper <input checked="" type="checkbox"/> Photocard <input checked="" type="checkbox"/>	Licence valid from <input type="text"/>
9	Country of issue	UK <input checked="" type="checkbox"/> Other <input type="text"/>	
10/11	Birth Certificate Date of Birth	<input type="text"/>	Issue date <input type="text"/>
12	Country of issue	UK <input checked="" type="checkbox"/> Other <input type="text"/>	
13/14	Marriage Certificate Issue date	<input type="text"/>	P45 or P60 National Insurance number <input type="text"/>
15	Current address details checked against documentation	Yes <input checked="" type="checkbox"/>	
16	Evidence seen and checked by	Name <input type="text"/>	