DBS Portability Request

This form is to be completed to give permission to share the details of your original EH DBS disclosure with the nominated person in your new club or association.

Applicant’s full name: ..............................................................................................................

Date of Birth: ...........................................................................................................................

Address: ..................................................................................................................................

.................................................................................................................................................

Previous Hockey Club/Organisation: .....................................................................................................

I agree to England Hockey sharing the recruitment decision resulting from my DBS check with the new organisation named below.

Signature: ..............................................................................................

Date: .....................................................................................................

**New Organisation** requesting information:

.............................................................................................................

To be completed by the New Hockey Club/Organisations nominated person.

Please sign below to confirm that you have checked the identity of the person requesting this sharing of information.

Name: ................................................................................................

Signature: ..........................................................................................

Date: .................................................................................................

Please return this form to:

*Email:* safeguarding@englandhockey.co.uk

*Post:* FAO DBS Co-ordinator (address at the top of page)