**PNC Immediate Check Request**

|  |  |
| --- | --- |
| **Name of child:** |  |
| **DOB:** |  |
| **Home Address:** |  |
| **LCS Number:** |  |
| **Full name of person to be checked:** |  |
| **DOB:** |  |
| **Home Address:**  |  |
| **Previous Addresses in last 2 years:**  |  |

|  |
| --- |
| **Has verbal/written consent been given by applicant?** |
| [ ]  **Yes** [ ]  **No** |

|  |
| --- |
| **Please state exceptional reason why immediate PNC Check is required?** |
|  |

|  |  |
| --- | --- |
| **Name of person requesting:** |  |
| **Role of person requesting:** |  |
| **Relation to the child:**  |  |
| **Contact Details** |  |
| **Telephone Number** |  |

**Response**

|  |
| --- |
| **Are there any immediate safeguarding issues which would prevent child being placed?** |
| [ ]  **No** [ ]  **Yes, please provide brief details.**  |