**PNC Immediate Check Request**

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

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

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| **Please state exceptional reason why immediate PNC Check is required?** |
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| **Name of person requesting:** |  |
| **Role of person requesting:** |  |
| **Relation to the child:** |  |
| **Contact Details** |  |
| **Telephone Number** |  |

**Response**

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