**Referral to Disclosure Scotland**

This form is for organisations to refer someone to Disclosure Scotland under the Protection of Vulnerable Groups (Scotland) Act 2007 (PVG).

You should complete this form if one of the following applies to your organisation:

* offers paid work, such as employment
* offers unpaid regulated work, such as volunteering
* is an employment agency or personnel supplier
* is another type of organisation responsible for decisions to remove individuals from regulated work (except a regulatory body)

Your organisation must also be:

* referring an individual under the PVG Act 2007, where action has been taken against the individual on a referral ground and they either:
  + have been permanently removed from their role as a result
  + would or might have been dismissed but left before they could be
  + have permanently transferred away from work with children or protected adults

If you’re referring on behalf of a regulatory body, [use the regulatory body referral form](https://www.mygov.scot/pvg-referral-regulatory-body).

**If you’re unsure about a referral**

If you’re unsure about whether you need to make a referral, please email [pvgreferrals@assured.systems.gov.scot](mailto:pvgreferrals@assured.systems.gov.scot) before you complete this form.

On our website you can also find more [information about making a referral](https://www.mygov.scot/pvg-referrals).

**Before you start**

You’ll need to provide information about the individual you’re referring, including:

* their National Insurance Number
* their PVG number (if known)
* their date of birth
* their last known address and previous addresses from the last 10 years
* details of the identity and previous work history checks carried out

# Referring organisation details

Please provide details about you and your organisation.

You must complete each section.

**About you and your organisation**

Your organisation as the referrer: Enter the name of your organisation.

Your name as the referrer: Enter your name.  
Your role in the referring organisation: Enter your role.  
Address line 1: Enter the first line of your organisation’s address.

Address line 2: Enter the second line of your organisation's address.

Address line 3: Enter the third line of your organisation's address.

Town: Enter the town.

Postcode: Enter a UK postcode.

Mobile telephone number: Enter a UK mobile number.

Work telephone number: Enter a telephone number for your organisation.

Email address: Enter your email address.

**Which of the following best describes your employer? Select all that apply.**

A corporate or unincorporated organisation:

An individual who, in the course of business, employs or gives work to people:

A governing body, trustees, or other person or body of persons responsible for the management of a school, a body listed in schedule 2 to the Further and Higher Education (Scotland) Act 2005(1), or a hostel used mainly by pupils attending a school

A registered charity:

A local authority:

A private company that provides care services:

An employment agency:

An employment business:

Another type of organisation: Enter a description of the type of work your organisation does.

# About the individual you’re referring

Please provide details about the individual you’re referring.

You must complete each section unless it’s stated as optional.

**About the individual you’re referring**

Their full name: Enter their full name.

Their maiden name (if applicable): Enter their maiden name.  
Their former names and nicknames (if applicable): Enter their former names or nicknames.  
Their National Insurance Number (optional): Enter their National Insurance Number.

Their PVG number: Enter their PVG number.

Their date of birth (DD/MM/YYYY): Enter their date of birth.

Their place of birth: Enter their place of birth.

Their mobile number: Enter their mobile number.

Their home number: Enter their home number.

Their email address: Enter your email address.

Their gender identity (if known): Enter their gender identity.

Additional details about their gender identity (optional): Enter any additional details about their gender identity.

Accessibility requirements (optional): Enter any accessibility requirements we should know about.

**Their last known home address**

House or flat number: Enter their house or flat number.

Address line 1: Enter the first line of their address.

Address line 2: Enter the second line of their address.

Address line 3: Enter the third line of their address.

Town: Enter their town.

Postcode: Enter their postcode.

Date of last successful contact with the individual at this address: Enter the last known date they received mail at this address.

Have you had letters returned from this address?:  Yes  No

**Details of their previously known addresses from the last 10 years (use a separate page if you need to)**

Address 1: Enter their full address.

Dates to and from (approximately): Enter the approximate dates they lived at this address.  
Address 2: Enter their full address.

Dates to and from (approximately): Enter the approximate dates they lived at this address.

Address 3: Enter their full address.

Dates to and from (approximately): Enter the approximate dates they lived at this address.

Address 4: Enter their full address.

Dates to and from (approximately): Enter the approximate dates they lived at this address.

**Are they a member of any regulatory bodies?**

The General Teaching Council for Scotland:

Registration or membership number (if known): Enter their registration or membership number.

The General Chiropractic Council:

Registration or membership number (if known): Enter their registration or membership number.

The General Dental Council:

Registration or membership number (if known): Enter their registration or membership number.

The General Optical Council:

Registration or membership number (if known): Enter their registration or membership number.

The General Medical Council:

Registration or membership number (if known): Enter their registration or membership number.

The Nursing and Midwifery Council:

Registration or membership number (if known): Enter their registration or membership number.

The Health and Care Professions Council:

Registration or membership number (if known): Enter their registration or membership number.

The General Pharmaceutical Council:

Registration or membership number (if known): Enter their registration or membership number.

The General Osteopathic Council:

Registration or membership number (if known): Enter their registration or membership number.

The Scottish Social Services Council:

Registration or membership number (if known): Enter their registration or membership number.

The Care Inspectorate:

Registration or membership number (if known): Enter their registration or membership number.

Other professional body:

Registration or membership number (if known): Enter their registration or membership number.

**Details about what’s been shared with regulatory bodies**

Has this individual been referred to the NHS Tribunal for their conduct?:  Yes  No

If yes, please provide the reference number: Enter the reference number.

Have you told the regulatory body (or bodies) about their conduct?:  Yes  No

Have you told the regulatory body (or bodies) or the NHS Tribunal that you are making this referral?:  Yes  No

Please provide details of what you’ve told the regulatory body (or bodies) or NHS Tribunal: Enter details about what you’ve told the regulatory body (or bodies) or NHS Tribunal.

# The individual you’re referring, their identity checks and employment history

Please provide details about any identity checks that were carried out for the individual you’re referring and the type of regulated work they were doing.

You must complete each section unless it’s stated as optional.

**Which identity documents were checked for the individual you’re referring?**

Birth certificate:

Passport:

Driving licence:

National Identity card:

National Entitlement card:

References from other employers:

Another form of identity: Enter details of another form of identity someone checked.

I do not know which documents which evidence identity were checked:

**Details about the work the individual you’re referring was doing (or had been offered) when the conduct took place**

Name of their organisation: Enter the name of their organisation.

Their organisation’s address: Enter their organisation’s address.  
Their work phone number: Enter their work phone number.

Their job title: Enter their job title.

Select which vulnerable groups they worked with: Children  Protected adults

Date they started working with the organisation: Enter the date they started working with the organisation.

Date they stopped working with the organisation: Enter the date they stopped working with the organisation.

Describe their responsibilities: Enter a description of their responsibilities.

**Details about any other regulated work the individual you’re referring has done**

**Organisation 1**

Their job title: Enter their job title.

The organisation they worked with: Enter the name of the organisation.

Date they started working with the organisation: Enter the date they started working with the organisation.

Date they stopped working with the organisation: Enter the date they stopped working with the organisation.

**If you need to list additional organisations, please include below.**

**Details about any relevant training the individual you’re referring completed (optional)**

Please list any training the individual did, when it was completed and what the purpose was.

Enter the details of the training and when it was completed.

Enter the details of the training and when it was completed.

Enter the details of the training and when it was completed.

# About the referred conduct and impact

Provide details about the referred conduct in relation to the individual you’re referring under section 2 of the PVG Act. Do not identify any children or protected adults by name. Use a coded reference, such as “Child A - age 12, male” or “Service user A – age 22, female”.

**If the individual you’re referring was working with children**

Select if any of the following describes the referred conduct:

Harmed a child

Placed a child at risk of harm

Engaged in inappropriate conduct involving pornography

Engaged in inappropriate conduct of a sexual nature involving a child

Gave inappropriate medical treatment to a child

**If the individual you’re referring was working with protected adults**

Select if any of the following describes the referred conduct:

Harmed a protected adult

Placed a protected adult at risk of harm

Engaged in inappropriate conduct involving pornography

Engaged in inappropriate conduct of a sexual nature involving a protected adult

Gave inappropriate medical treatment to a protected adult

**You must select at least one option in the children and/or protected adults sections above.**

**About the referred conduct**

Please provide details of any referred conduct, including any of the following:

* witness statements
* transcripts of meetings and interviews
* all correspondence pertaining to the referred individual, including the letter of dismissal and any letters of resignation or appeal

Enter the details of the referred conduct.

**Previous behaviours or incidents**

Please tell us about any known previous behaviour or incidents that happened before the referred behaviour took place. Include the action taken by the organisation.

Enter details of any known previous behaviours or incidents.

# Any action taken against the referred individual

Please provide details about any action you as the referring organisation have taken against the individual you’re referring.

You must complete each section.

**For employers**

Based on the referral, please select one of the following:

* you dismissed or permanently transferred the individual to a position which does not involve regulated work
* you would or might have dismissed or permanently transferred the individual to a position which does not involved regulated work, if they had not already stopped doing regulated work or come to the end of a fixed term contract
* you would or might have dismissed the individual if you had access to information which you were originally unaware of at the time the referred conduct took place, or the individual had not already stopped doing regulated work

**For employment agencies**

Based on the referral, please select one of the following:

* you decided not to do any further business with the individual
* you decided not to offer or supply the individual for regulated work

**For employment businesses**

Based on the referral, please select one of the following:

* you dismissed the individual
* you would or might have dismissed the individual if they had not already stopped doing regulated work
* you decided not to offer or supply the individual for further regulated work

**All referrals**

The action you took against the person and the procedures you followed.

Enter details about the action you took against the individual and the procedures you followed.

# Any relevant ongoing investigations and / or proceedings

Please provide details about any associated investigations or legal proceedings.

You must complete each section.

**Internal appeal against the dismissal**

Select if there has been an internal appeal against the dismissal

Current stage of proceedings: Enter details about the current stage of the proceedings.

Expected end date: Enter the expected end date for the proceedings.

Contact details: Enter contact details for the organisation.

**Employment tribunal**

Select if there is an employment tribunal ongoing:

Current stage of proceedings: Enter details about the current stage of the proceedings.

Expected end date: Enter the expected end date for the proceedings.

Contact details: Enter contact details for the organisation.

**Regulatory body disciplinary**

Select if there the regulatory body has started an investigation:

Current stage of proceedings: Enter details about the current stage of the proceedings.

Expected end date: Enter the expected end date for the proceedings.

Contact details: Enter contact details for the organisation.

**Ongoing police investigation**

Select if there is an ongoing police investigation:

Current stage of proceedings: Enter details about the current stage of the proceedings.

Expected end date: Enter the expected end date for the proceedings.

Contact details of the police station where the report was made and the investigating officer: Enter contact details for the police station.

**Criminal court**

Select if the criminal court has started proceedings:

Current stage of proceedings: Enter details about the current stage of the proceedings.

Expected end date: Enter the expected end date for the proceedings.

Name of the court: Enter the name of the court.

**Civil court**

Select if the civil court has started proceedings:

Current stage of proceedings: Enter details about the current stage of the proceedings.

Expected end date: Enter the expected end date for the proceedings.

Contact details: Enter contact details for the organisation.

**Other**

Select if any other organisations have started proceedings:

Name of the organisation: Enter the name of the organisation.

Current stage of proceedings: Enter details about the current stage of the proceedings.

Expected end date: Enter the expected end date for the proceedings.

Contact details: Enter contact details for the organisation.

# Extracts of policies and practices that the individual has breached

Please provide extracts of relevant documents along with your completed referral form.

We only need the **extracts** from the policies the individual has breached, both at the time of the referred conduct and at the time of this referral (if there have been any changes to policies during this time). Please only send entire documents where it is all relevant to the referral. We need to share everything you send us with the individual (by physical mail). Therefore we wish to avoid printing copies of large documents that are readily available to them elsewhere.

You must provide the relevant information in order to make a referral. Please remove any irrelevant sensitive information from the documents you provide. For example, the names and addresses of staff or victims, the names of any children or protected adults involved. You should use a consistent coded reference when redacting a name (for example, child A, aged 12, male, victim)

The following documents are listed as prescribed information in the PVG (Scotland) Act 2007 (referrals by organisations and other bodies) (prescribed information) Regulations 2010. It’s legal under the UK Data Protection Act 2018 for you to supply this information to us. Scottish Ministers will use the information in this form, and any accompanying supporting documentation you provide with it, solely for making decisions under the PVG Act.

It’s a criminal offence under the PVG Act to knowingly fail to supply any prescribed information that your organisation holds.

**Document list**

Please select which documents you’re sending with this referral form.

Extract from Code of Conduct or Practice:

Extract from a disciplinary policy, practice or procedure:

Appeal procedures:

Conditions of employment or registration from the employer or regulatory body:

Internal investigation reports relating to the referred individual’s conduct:

All relevant correspondence to or from the referred individual’s:

Records of interviews with the referred individual, protected person or people, or other witnesses:

Any relevant appeal hearing including grounds for appeal:

Statements or observations from parents, guardians or other people with a duty of care towards the protected person:

Care plans for the affected protected person or persons:

Evidence about the impact of the conduct (for example, medical reports):

Any relevant investigatory reports about the conduct):

Record of the disciplinary hearing, copy of the dismissal letter and subsequent hearings:

Any reports from an investigation by a regulatory body:

Any employment tribunal hearing judgement:

The referred individual’s job description:

Details of training provided to the referred individual:

Any court, police or similar information provided to you:

Any other information you think is relevant for us in the decision to dismiss the individual:

**Missing information details**

Please provide details of any information that you are not able to send to us.

Enter details of any missing information.

# Your organisation’s declaration

Please read and confirm your declaration.

You must complete each section.

By signing and completing this form, you are agreeing that:

* I hereby refer the above named person to the Scottish Ministers under the terms of Part 1 of the PVG (Scotland) Act 2007
* I confirm that, to the best of my knowledge, the information contained in this referral form is accurate
* I understand that to knowingly fail to submit all of the information prescribed in the PVG (Scotland) Act 2007 (Referrals by organisations and other bodies) (prescribed information) Regulations 2010 which the organisation holds, is a criminal offence

Your signature: Enter your signature. This can be typed or handwritten.

Your full name in block capitals: Enter your name in block capitals.

Date completed: Enter the date you completed this form.

**Send the completed forms by email**

Once completed, email the form and any additional required documentation to [pvgreferrals@assured.systems.gov.scot](mailto:pvgreferrals@assured.systems.gov.scot)

If you cannot send the form by email, you can post it to:

Disclosure Scotland PVG referrals

PO Box 7412

Glasgow

G51 9DX

**Feedback**

We welcome your feedback. If you have any feedback about this form, please email [pvgreferrals@assured.systems.gov.scot](mailto:pvgreferrals@assured.systems.gov.scot)