

**BARNSLEY ASSOCIATION OF COMMUNITY PARTNERSHIPS
CRB DISCLOSURES–CONSENT FORM**

I consent to a copy of my Disclosure being sent to my Employer / Organisation.

Print Name:

Signed: **Date:**

Organisation / Employer:.....

***Designated person:**

*Please give the name of the person who you consent to receiving Disclosure information. Disclosures will NOT be issued to any other person within your organisation without your consent.

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