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| **INSERT LETTERHEAD FOR UMBRELLA BODY** |

Name of Client Organisation

Address

Address

Address

Address

POST CODE

[Date]

Dear [Name of Client]

**REGISTERED/UMBRELLA BODY SERVICE PROVISION LETTER**

Thank you for your enquiry seeking our services in processing [Standard / Enhanced] disclosure checks through AccessNI.

[Name of Umbrella Body] is an approved AccessNI Registered Body, with authority to process checks for third party organisations (Umbrella Body). The support we offer in this regard includes:-

* Assistance with the application process, including provision of appropriate PIN for the on-line application
* Checking there is eligibility for the level of disclosure being sought
* Checking the requisite identity documentation against the details on the e-application
* Ensuring checks for volunteer applications comply with the AccessNI definition of a volunteer
* Countersigning applications and submitting to AccessNI
* Tracking the progress of the application and advising client organisations when the disclosure certificate is issued
* Advising client organisations whether or not they should request sight of the disclosure certificate before proceeding with the appointment process.

A charge of £XX is liable for the above services. We will issue an invoice for this amount when AccessNI send out the disclosure certificate; you should pay this invoice within 30 days of invoice date (cheques should be made payable to XXXXXXXX).

Part V of the Police Act 1997 provides a legislative basis for the disclosure of criminal history information in Northern Ireland. Paragraph 120 of the Act requires AccessNI to publish a Code of Practice setting out obligations which users of the service are required to comply with. You can view this Code of Practice at:-

[AccessNI Code of Practice](https://www.nidirect.gov.uk/sites/default/files/publications/accessni-code-of-practice.pdf)

In agreeing to process disclosure applications on behalf of your organisation [Name of Umbrella Body] does so on the understanding that your organisation has made it clear to the applicant that:-

1. An AccessNI check will be required prior to commencing the role.
2. The presence of a criminal record will not necessarily be a bar to obtaining a position
3. [For Enhanced check with Barred Lists] They must declare if there is any reason why they cannot work in Regulated Activity.
4. You will comply with the provisions as set out in the AccessNI Code of Practice, including:-
   1. Having a policy in place setting out your approach to recruiting ex-offenders. A template policy has been provided at the link below:-

[Sample Policy: Recruitment of Ex-offenders](https://www.nidirect.gov.uk/publications/sample-policy-recruitment-ex-offenders)

* 1. Having a secure information handling policy to protect sensitive criminal record information. A template policy has been provided at the link below:-

[Sample Policy: Security Statement](https://www.nidirect.gov.uk/publications/accessni-sample-policy-statement)

The above actions have been introduced in consultation with AccessNI and are necessary to ensure transparency in the disclosure process, along with proper protections for the applicant and compliance with the AccessNI Code of Practice.

In seeking to ensure the above matters are adequately addressed with your applicant(s), I have attached a leaflet which you are required to share with every applicant prior to them commencing the AccessNI application process.

Thank you once again for your interest in availing of our Umbrella Body services. If you require any further clarification regarding the content of this letter please do not hesitate to contact me.

Yours faithfully,

[Signed]

**Name**

**Name of Umbrella Body**

I acknowledge receipt of the Service Provision Letter from [Name of UB] dated XXXXXXX and undertake to ensure that every applicant in my organisation will be provided with a copy of the Applicant Information Leaflet prior to commencing the AccessNI disclosure application process.

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| Signed: ……………………………...…………………… | Date: …………………… |
| Print Name: ……………………………………………... |  |
| Name of Organisation: ………………………………………………………………. | |