

To the Sexual Conviction Record Check Office :

Sexual Conviction Record Check
Documentary Proof from Employer

I / This organisation certify that the usual duties of the below applicant under appointment will involve, or will be likely to involve, frequent or regular contact with children / mentally incapacitated persons.

Name of Applicant (as stated on Identity Document) : _____

Identity Document Number of the Applicant : _____

Name of Post : _____

Type of Applicant (Please select one type) :

☐ Prospective Employee

☐ Contract Renewal Staff

☐ Prospective Self-employed person

I / This organisation confirm that I/ the organisation have read the Notes to Employers of the SCRC Scheme and fully understood the terms and conditions of the service, as well as the employer's responsibilities including no disclosure of the checking code, the check result or other personal data of the applicant to any unrelated person, or use of the personal data for any purposes other than the intended recruitment or employment purpose.

For organisation, please fill in column A below. For individual employer, please fill in column B.

A. Organisation

Name of Organisation :
Address of Organisation :
Organisation Chop OR Name, Post and Signature of Sender :
Date :

B. Individual Employer

Name of Individual Employer (As stated on Identity Document) :
First letter(s) and the first three digits of the Identity Document of the Individual Employer (e.g. A123, XY123) :
Signature of Individual Employer :
Date :

Note:

1. While organisation or individual employer is allowed to adjust the format of the documentary proof to suit their own need, all the above required information shall be included in the documentary proof, otherwise the application shall not be accepted.
2. SCRC office reserves at all times the absolute right to determine whether applicant's documentary proof from employer has met the requirement for the application for SCRC.