## Umbrella Body for the DBS United Medicare DBS Adult First Request

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I would like to apply for a DBS Adult First for this applicant.	I would like to apply for a DBS Adult First for this applicant.
Use black in and write in BLOCK CAPITALS only	Use black in and write in BLOCK CAPITALS only
Name:	Name:
Form Reference Number:	Form Reference Number:
Date of Birth:	Date of Birth
Evidence Seen: 1	Evidence Seen: 1
2	2
3	
Email Address:	Email Address:

Please note that we <u>cannot</u> request a DBS first check <u>until two</u> <u>days after</u> the application has been processed. This allows the DBS time to receive and scan in the application

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