Employee Screening Consent Form

In accordance with BS 7858:2019 – Screening of Individuals Working in a Secure Environment

NWF Facilities Ltd

# Section 1: Employee Information

* Full Name:
* Date of Birth:
* Current Address:
* National Insurance No:
* Email Address:
* Contact Number:

# Section 2: Purpose of Consent

I hereby give my informed and explicit consent for NWF Facilities Ltd to collect, retain, verify, and process my personal data as required to carry out background screening checks in accordance with BS 7858:2019. I understand that these checks are necessary to determine my suitability for employment in a security-sensitive role.  
  
This may include, but is not limited to:  
- Verification of identity and right to work in the UK  
- Five-year employment history (with any gaps explained)  
- Character references  
- Criminal record checks (including Basic Disclosure)  
- Financial background checks (e.g., credit history, bankruptcy)  
- Address history verification  
- Checks against global watchlists or sanction databases

# Section 3: Data Protection & Confidentiality

All data will be processed in compliance with the Data Protection Act 2018 and the UK General Data Protection Regulation (UK GDPR). The information gathered will only be used for lawful purposes in connection with my employment and will not be shared with third parties without my prior consent, unless required by law or for legitimate screening purposes.

# Section 4: Declaration of Consent

I confirm that:  
- The information I have provided to support these checks is accurate and complete to the best of my knowledge.  
- I have read and understood the purpose of this screening and give my consent freely.  
- I understand that providing false or misleading information may result in the withdrawal of a job offer or termination of employment.  
- I understand that I may withdraw my consent at any time, but doing so may affect my continued suitability for the role.  
- I understand that records of the screening process will be retained for a period of 7 years in accordance with BS 7858 requirements.

## Employee Signature

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Company Representative

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_