

**NORFOLK COUNTY COUNCIL
EDUCATION DEPARTMENT**

LIST 99 CHECK FORM

Name of School/Service:	
Contact Name:	
Telephone Number:	

TO BE COMPLETED BY APPLICANT			TO BE COMPLETED BY EPS	
FULL NAME <i>(please use block capitals)</i>	Date of Birth	SIGNATURE indicating consent for check to be undertaken	List 99 Check completed	
			Date	Initials

On completion please return to Education Personnel Services