

Self-disclosure form

Self-disclosure form for roles which are exempt from the Rehabilitation of Offenders Act 1974. For completion by the person applying for the role, in addition to the Declaration of Convictions.

Name of candidate/person:	
Previous name(s): <i>Please include date(s) each name was used</i>	
Address with postcode:	
Telephone/mobile number:	
Date of birth:	

All information you provide will be treated as confidential and managed in accordance with relevant data protection legislation and guidance.

You have a legal right to access information held about you.

Have you ever been known to any Social Services department or the Police as being a risk or potential risk to children or adults at risk?	YES / NO
If yes, please provide further information:	
Have you been the subject of any investigation and/or sanction by any organisation or body due to concerns about your behaviour towards children or adults at risk?	YES / NO
If yes, please provide further information and include details of the outcome:	
Have you ever been the subject of disciplinary sanctions or been asked to leave employment or voluntary activity due to inappropriate behaviour towards children or adults at risk?	YES / NO
If yes, please provide further information:	

<p>If you are registered with the DBS Update service, please answer this question:</p> <p>Have you been cautioned, subject to a court order, bound over, received a reprimand or warning or found guilty of committing any offence since the date of your most recent enhanced DBS disclosure?</p> <p>If yes, please provide further information.</p>	<p>YES / NO</p>
<p>Do you have any overseas convictions?</p>	<p>YES / NO</p>
<p>If yes, please provide further information:</p>	
<p>Confirmation of declaration (tick boxes below)</p>	
<p><input type="checkbox"/> I agree that the information provided here may be processed in connection with recruitment purposes and I understand that an offer of employment may be withdrawn, or disciplinary action may be taken if information is not disclosed by me and subsequently comes to the organisation's attention.</p>	
<p><input type="checkbox"/> In accordance with the organisation's procedures, if required I agree to provide a valid criminal record certificate and consent to the organisation clarifying any information provided on the disclosure with the agencies providing it.</p>	
<p><input type="checkbox"/> I agree to inform the organisation within 24 hours if I am subsequently investigated by any agency or organisation in relation to concerns about my behaviour towards children or adults at risk.</p>	
<p><input type="checkbox"/> I understand that the information contained on this form, the results of the DBS check and information supplied by third parties may be supplied by the organisation to other persons or organisations in circumstances where this is considered necessary to safeguard children or adults at risk.</p>	
<p>Signature of candidate:</p>	
<p>Print name:</p>	
<p>Date:</p>	