# Self-declaration form for a position requiring an enhanced Disclosure

## Strictly confidential

As a place of worship/organisation we undertake to meet the requirements of the Data Protection Act 1998 General Data Protection Regulations (from 25th May 2018) and all other relevant legislation, and the expectations of the Information Commissioners Office relating to the data privacy of individuals.

All applicants are asked to complete this form, detach it from the Application Form and return it, to the Recruiter detailed below, in a separate sealed envelope

To:
(Name of Recruiter/responsible person in place of worship/organisation processing Criminal Records Disclosure checks)
Address:

Position applied for: \_\_\_\_

## **Conviction history**

If you have never been convicted of a criminal offence or never received a caution, reprimand or warning then please select 'No' below. If you have been convicted of a criminal offence, or received a caution, reprimand or warning that is now spent according to DBS filtering rules\*, then please select 'No' below.

If you have an unspent criminal offence, caution, reprimand or warning (according to DBS filtering rules\*), please select 'Yes' below.

For exceptions to this legislation or for more information please refer to the Rehabilitation of Offenders Act 1974 and the DBS filtering guidance\*.

# Having read the above, do you have any unspent convictions; or are you at present the subject of a criminal investigation/ pending prosecution?

Yes No (please tick)

If yes, please give details including the nature of the offences and the dates. Please give details of the court(s) where your conviction(s) were heard, the type of offence and sentence(s) received. Could you also give details of the reasons and circumstances that led to the offence(s). Continue on a separate sheet if necessary.

\*links can be found at thirtyoneeight.org/dbs-links

### **Police investigation**

Have y	ou ever bee	n the subjec	t of a polic	e investigatior	n that didn't le	ead to a criminal	conviction?

Yes No (please tick) If yes, please give details below, including the date of the investigation, the Police Force involved, details of the investigation and the reason for this, and disposal(s) if known.

	you ever had any allegation made against you, which has been reported to, and investigated by, /ork Department (Children's or Adult Social Care)?
Yes No (please tid	ck) If yes, please provide details, we will need to discuss this with you.
Has there ever been any	cause for concern regarding your conduct with children, young people, vulnerable adults?
	cause for concern regarding your conduct with children, young people, vulnerable adults? linary action taken by an employer in relation to your behaviour with adults.

#### Declaration

To help us ensure that we are complying with all relevant safeguarding legislation, please read the accompanying notes and complete the following declaration.

I name)

\_ of (address) \_

consent to a criminal records check if appointed to the position for which I have applied. I have read the Standard/Enhanced Check Privacy Policy for applicants – thirtyoneeight.org/dbs-links. I understand how DBS will process my personal data and the options available to me for processing an application. I am aware that details of pending prosecutions, previous convictions, cautions, or bind-overs against me may be disclosed along with any other relevant information which may be known to the police

I agree to inform the person within the place of worship/organisation responsible for processing disclosure applications if I am convicted of an offence after I take up any post within the place of worship/organisation. I understand that failure to do so may lead to the immediate suspension of my work with children or vulnerable adults and/or the termination of my employment.

I agree to inform the person within the place of worship/organisation responsible for processing disclosure applications if I become the subject of a police and/or a social services/(Children's Social Care or Adult Social Services)/Social Work Department investigation. I understand that failure to do so may lead to the immediate suspension of my work with children or vulnerable adults and/or the termination of my employment.

Ci		n	~	А	•
3	y		е	u	٠

\_ Date: \_

Date: \_

Those applying for work with children and/or vulnerable adults in positions which fall within the scope of regulated activity please confirm that you are not barred from working with children/vulnerable adults.

I confirm that I am not barred from working with children OR I confirm that I am not barred from working with adults at risk

Signed:

NB: Those applying for work with children and/or vulnerable adults in positions which fall outside the scope of regulated activity should not complete the declaration above.