

CONFIDENTIAL DECLARATION FORM

To be completed by those wishing to work at Sarum College as an employee or volunteer



The Confidential Declaration form applies to people seeking to work at Sarum College. This form is strictly confidential and, except under compulsion of law, will be seen only by those responsible for the appointment and, when appropriate, the College's adviser for children and vulnerable people. All forms will be kept securely under the terms of the Data Protection Act 1998. **If you answer yes to any question, please give details at the bottom of page two, writing the number of the question you are answering.** Continue on a separate sheet if necessary.

1. **Have you ever been convicted of a criminal offence (including any spent convictions under the Rehabilitation of Offenders Act 1974)?**

Yes No

2. **Have you ever been cautioned by the police, given a reprimand or warning or bound over to keep the peace?**

Yes No

3. **Are you at present under investigation by the police or an employer for any offence?**

Yes No

4. **Has your name been placed on the Protection of Children Act (POCA), List 99 or the Protection of Vulnerable Adults List (POVA), barring you from work with children or vulnerable people?**

Yes No

5. **Have you ever been found by a court exercising civil jurisdiction (including matrimonial or family jurisdiction) to have caused significant harm* to a child or vulnerable adult, or has any such court made an order against you on the basis of any finding or allegation that any child or vulnerable adult was at risk of significant harm from you?**

Yes No

*Declare any finding of fact by a civil court that your actions have significantly harmed a child or vulnerable adult. Declare any court orders made on this basis. *Significant harm involves serious ill-treatment of any kind including neglect, physical, emotional or sexual abuse, or impairment of physical or mental health development. It will also include matters such as a sexual relationship with a young person or adult for whom you had pastoral responsibility.*

6. **Has your conduct ever caused or been likely to cause significant harm to a child or vulnerable adult, or put a child or vulnerable adult at risk of significant harm?**

Yes No

Make any statement you wish regarding any incident you wish to declare.

7. **To your knowledge, has it ever been alleged that your conduct has resulted in any of those things?**

Yes No

If yes, please give details, including the date(s) and nature of the conduct, or alleged conduct, and whether you were dismissed, disciplined, moved to other work or resigned from any paid or voluntary work as a result. Declare any complaints or allegations made against you, however long ago, that you have significantly harmed a child, young person or vulnerable adult. Any allegation or complaint investigated by the police, Children's Services, an employer or voluntary body must be declared. Checks will be made with the relevant authorities.

8. Has a child in your care or for whom you have or had parental responsibility ever been removed from your care, been placed on the Child Protection Register or been the subject of a care order, a supervision order, a child assessment order or an emergency protection order under the Children Act 1989, or a similar order under other legislation?

Yes No

All these matters will be checked with the relevant authorities.

9. Have you any health problem(s), which might affect your work with children or vulnerable adults?

Yes No

Declare in confidence any health issues that may affect your ability to work with children or adults. This question is primarily intended to help you if you subsequently need to withdraw from work e.g. because of a recurring health issue.

10. Have you, since the age of eighteen, ever been known by any other name than that given below?

Yes No

11. Have you, during the past five years, had any home address other than that given below?

Yes No

DECLARATION

I declare that the above information is accurate and complete to the best of my knowledge.

Signed:

Full Name:

Date:

Date of Birth:

Address:

If you answered yes to any question, please give details below, writing the number of the question you are answering.

Tick here if you have continued on a separate sheet.