

Central England Quakers

Safeguarding Form

Self-Declaration Form for a Position Requiring a Disclosure

**STRICTLY CONFIDENTIAL**

As a place of worship we undertake to meet the requirements of the Data Protection Act 1998 and all other relevant legislation.

Please complete this form and return to us in a separate sealed envelope

To: The Area Meeting Safeguarding Coordinator

Appointment applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I confirm that I have the following convictions, cautions, reprimands or final warnings that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended)

[www.gov.uk/government/publications/dbs-filtering/guidance](http://www.gov.uk/government/publications/dbs-filtering/guidance)

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.

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To your knowledge have you ever had any allegation made against you, which has been reported to, and investigated by, Social Services/Social Work Department (Children’s or Adult Social Care)?

 Yes No (please tick)

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? Please include any disciplinary action taken by an employer.

Yes No (please tick) If yes, please give details:

**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 (full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of (address)

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Confirm that I am not barred from working with children/vulnerable adults or from engaging in regulated or controlled activity.

I consent to a criminal records check if appointed to the position for which I have applied. I am aware that details of pending prosecutions, previous convictions, cautions, or bindovers against me will be disclosed along with any other relevant information which may be known to the police, and Lists held in accordance with the Safeguarding Vulnerable Groups Act 2006.

I understand that a check will be made with the Disclosure and Barring Service.

I agree to inform the person within the place of worship responsible for processing applications for Disclosure and Barring Service 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 work.

I agree to inform the person within the place of worship responsible for processing applications for Disclosure and Barring Checks if I am convicted of an offence after I take up any post within the place of worship. 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 position.

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