

**Criminal Record Self Declaration form**

There is a requirement that staff complete an annual self-declaration relating to criminal convictions incurred since their previous DBS/annual self-declaration. These programmes fall under the provisions of the Rehabilitation of Offenders Act 1974 and the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 which exempts Healthcare and Education Professionals from the original Act’s non-disclosure of spent convictions.

You must complete all sections. You are then required to sign and date the declaration and return the form to your Line Manager.

**SECTION 1**

**Name** (please print) …………………………………………..

**Date of Birth** …………………………………………..

**SECTION 2**

*Circle appropriate response*

Have you received a conviction, caution, reprimand or a warning which has been recorded on a police central record, (includes ‘spent’ and ‘unspent’ convictions) or has any information been held locally by police forces that are grounds to be considered relevant, since your last DBS check? This also includes any information that may be held on the DBS’s children and adults barred list.

**No** If ‘No’ go to Section 3

**Yes** If ‘Yes’ provide the relevant information in the following grids:

|  |  |  |
| --- | --- | --- |
| **Date of offence** | **Offence** | **Conviction/Pending** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **Date of caution** | **Reason for caution** |
|  |  |
|  |  |
|  |  |

**SECTION 3**

*Circle appropriate response*

Do you wish to provide further information?

**No** If ‘No’ go to Section 4 and complete the declaration

**Yes** If ‘Yes’ provide the relevant information in the following grid

|  |
| --- |
| **Additional information:***Proceed to Section 4 and complete the declaration* |

**SECTION 4**

**Declaration**

I declare that the information I have provided in relation to criminal convictions, prosecutions pending, and cautions is accurate.

I agree that further enquiries that are considered necessary may be undertaken, including a further full Disclosure Barring Service check (formerly CRB Criminal Record Bureau).

**NAME (please print)** …………………………………………..

**Signature** …………………………………………..

**Current address** …………………………………………..

 …………………………………………..

 …………………………………………..

**Date** …………………………………………..