Self-Declaration Form

The information contained in this form will be kept securely by ……………….(Name of Parish/Project).   
The principle that the welfare of children and adults at risk must be the paramount consideration.

**Who should complete this form?**

……………….(Name of Parish/Project) ask that everyone, who will come into contact with children/adults at risk or the personal details of children/adults at risk, abide by good practice by completing and signing this declaration.

Do you have any prosecutions pending, or have you ever been convicted of a criminal offence or been the subject of a caution?

 Yes  No

If yes, please state below the nature and date(s) of the offence(s).

Date of offence

Nature of offence

Have you ever been the subject of disciplinary procedures or been asked to leave employment or voluntary activity due to inappropriate behaviour towards a child/adult at risk?

 Yes  No

If yes, please provide details including date(s)

Full name (print)

Any previous surname

Address

Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What role/position are you currently applying for?

**Declaration**

I understand that if it is found that I have withheld information or included any false or misleading information above, I may be removed from my post, whether voluntary or paid, without notice.   
I understand that the information will be kept securely by ……………… (Name of Parish/ Project).

I declare that the information I have provided is accurate.

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