

Registered Office: Fitzwaryn School Denchworth Road Wantage Oxon OX12 9ET

VAT 175 3789 64

# **Employment Self-Declaration and Disclosure Form**

## Private and Confidential

#### For roles involving contact with children (under 18 year olds).

All information will be treated as confidential and managed in accordance with relevant data protection legislation and guidance. You have a right of access to information held on you under the Data Protection Act 1998.

### Part One

For completion by the organisation:					
Name:					
Address and Postcode:					
Telephone/Mobile No:					
Date of Birth:					
Gender:	Male	/	Female		
Identification (tick box below):					
I confirm that I have seen identification documents relating to this person, and I					
confirm to the best of r					
Either					
UK Passport Number and Issuing Office					
UK Driving Licence Number (with picture)					
Plus					
National Insurance Card or current Work					
Permit Number					
Signature of authorised Em	ploving				
Officer:					
Print name:					
Date:					

#### Part Two NOTE:

If the role you are in or have applied for involves frequent or regular contact with or responsibility for children you will also be required to provide a valid DBS (Disclosure and Barring Service) certificate which will provide details of criminal convictions; this may also include a Barring List check depending on the nature of the role (see organisational guidance about eligibility for DBS checks).

For completion by the individual (named in Part one):					
Have you ever been known to any or Police as being a risk or potentia	YES / NO (if Yes, provide information below):				
Have you been the subject of any organisation by any organisation due to towards children?	YES / NO (if Yes, provide information below):				
Confirmation of Declaration (tick box below)					
I agree that the information provided here may be processed in connection with recruitment purposes and I understand that an offer of employment may be withdrawn or disciplinary action may be taken if information is not disclosed by me and subsequently come to the organisation's attention.					
In accordance with the organisation's procedures if required I agree to provide a valid DBS certificate and consent to the organisation clarifying any information provided on the disclosure with the agencies providing it.					
I agree to inform the organisation within 24 hours if I am subsequently investigated by any agency or organisation in relation to concerns about my behaviour towards children or young people.					
I understand that the information contained on this form, the results of the DBS check and information supplied by third parties may be supplied by the organisation to other persons or organisations in circumstances where this is considered necessary to safeguard children.					
Signature:					
Print name:					
Date:					