



King Edward VI Almshouses

Confidential Declaration To Be Completed By All Applicants

This form is strictly confidential and, except under compulsion of law, will be seen only by the Estate Manager & HR Director of KEVI Corporate Trustee Limited.

All forms will be kept securely.

This post does require a Disclosure and Barring Service Check as it involves regular contact with vulnerable adults, and occasionally children. Applicants are also required to complete this Confidential Declaration Form to support safer recruitment and help ensure our community is kept as safe as it can be.

If you answer yes to any question please give full details. Continue on a separate sheet if necessary and be clear which question you are answering by showing the question number.

Full Name	
Date of Birth	/ /
Address	

1) Do you have any unspent convictions?

Please delete as appropriate or tick: Yes No

If the answer is yes please give the dates and details of any convictions, cautions, reprimands or warnings that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended by SI 2013 1198) http://www.legislation.gov.uk/ukxi/2013/1198/pdfs/ukxi_20131198_en.pdf
A more simple interpretation is available at <http://uk.practicallaw.com/3-530-5626>



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2) Are you under investigation by the police, social services or an employer for any offence?

Please delete as appropriate or tick: Yes No

If the answer is yes please give the dates and details

3) Has your conduct ever caused, or been alleged or likely to have caused significant harm* to a child or vulnerable adult, or put a child or vulnerable adult at risk of significant harm?

Please delete as appropriate or tick: 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. **Significant harm involves serious ill-treatment of any kind including neglect, physical, emotional or sexual abuse, or impairment of physical or mental health development.*

Declaration

I declare that all of this information is accurate and complete to the best of my knowledge and I accept that providing deliberately false information could result in my dismissal.

Signed:		Date:	
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