

**CONFIDENTIAL**

**SELF-DISCLOSURE FORM**

**FOR APPLICANTS FOR POSTS INVOLVING CONTACT WITH CHILDREN**

Pennthorpe is committed to safeguarding children from physical, sexual and emotional harm. As part of our Child Protection policy, we require applicants for posts involving contact with children to complete this Self Disclosure Form. Having a criminal record will not necessarily bar your from working with us. This will depend on the nature of the position and the circumstances and background of your offences.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of any criminal offences? YES/NO

*If yes, please supply details of any criminal convictions in a sealed envelope. These will only be read if you are short listed for an interview.*

**Note: You are advised that under the provisions of Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986 you should declare all convictions including ‘spent’ convictions, warnings and reprimands.**

Are you a person known to any Children and Families Social Care Department as being an actual or potential risk to children? YES / NO

*If yes, please supply details.*

Have you ever had any disciplinary sanction relating to child abuse? YES/ NO

*If yes, please supply details.*

Declaration I declare that to the best of my knowledge the information given above is correct and understand that any misleading statements or deliberate omission may be sufficient grounds for cancelling my appointment. I understand that I may be asked to apply for a Criminal Records Disclosure and consent to do so. I understand that the information contained in this form and in the Disclosure may be disclosed, where strictly necessary, to regulatory bodies and/or third parties who have an interest in child protection issues.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_