

# DIOCESE OF LICHFIELD CONFIDENTIAL DECLARATION FORM

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## CONFIDENTIAL DECLARATION FORM

OF.....

**This form is strictly confidential and, except under compulsion of law, will be seen only by those responsible for the appointment and, when appropriate, the Diocesan Safeguarding Officer**

**\*Questions number 1 and 2 should only be answered by an applicant who is going to be working in a role that is eligible for/requires a DBS check**

**Before an appointment can be confirmed, applicants may be asked to provide an enhanced disclosure from the Disclosure and Barring Service.**

*1	Other than "spent" convictions have you been convicted, cautioned, or bound over to keep the peace. * Applicants should not declare any convictions and cautions that are considered to be "spent" or motoring offences leading only to a fine.	If 'yes' please state the nature and date(s) of the offences(s).	Yes	No
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*2	Are there any criminal charges outstanding against you.	If 'yes' please state the nature and date(s) of the offences(s).	Yes	No
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3	Has your conduct ever caused or been likely to cause significant harm** to a child or young person under the age of eighteen, or put a child or young person at risk of significant harm or to your knowledge has it ever been alleged that your conduct has resulted in any of those things? ** Significant harm involves serious ill-treatment of any kind including neglect, physical, emotional or	If 'yes' please give full 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 an paid or voluntary work as a result.	Yes	No
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sexual abuse, or impairment of physical or mental health development.

**Question 4 should only be answered by those working with children**

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|---|---|--|-----|----|
| 4 | Has a child, while in your care or for whom you have had parental responsibility, ever been removed from your care been placed on the Child Protection Register or been the subject of a Care Order, a Supervision Order, a Child Assessment Order or an Emergency Protection Order under the Children Act 1989 or a similar order under other legislation? | If 'yes' please give full details.   | Yes | No |
| 5 | Have you any health problem(s) which might affect your work with children or young people or vulnerable adults?   | If 'yes' please give full details.   | Yes | No |
| 6 | Have you, since the age of eighteen, ever been known by any name other than the one given below?  | If 'yes' please give details of previous names and dates.  | Yes | No |
| 7 | Have you, during the past five years, had any home address other than that given below?   | If 'yes' please give full details of the address (es) and the dates (to and from) you lived there. | Yes | No |
| 8 | Do you consent to a Disclosure & Barring Service check?   |  | Yes | No |

I confirm that the information I have given on this form is correct and complete.

NAME..... DATE.....

ADDRESS.....

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DATE OF BIRTH..... TELEPHONE NO.....

EMAIL.....

SIGNATURE.....



Please return the completed form(s) to:

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