**SELF DECLARATION SUITABILITY TO WORK WITH CHILDREN FORM**

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| **IMPORTANT:**  We want to create a culture that safeguards and promotes the welfare of children in our school. This form is to be completed by all short-listed applicants **prior to interview** (including regular volunteers, casual workers and students). The purpose of this self-declaration is so you have the opportunity to share relevant information and allow this to be discussed and considered at interview before the DBS certificate is received. Please note that it is an offence to apply for a role if the applicant is barred from engaging in regulated activity relevant to children.  **Name of Applicant:**  **Role applied for:**  **Name of Headteacher: MICHAEL LOBO**  Please answer the questions and sign the declaration below to demonstrate that you are suitable / safe to work with children. If there are any aspects of the declaration that you are not able to meet, you should disclose this immediately to the manager responsible for your recruitment.  Please select **Yes** or **No** against each question: | | |
| Have you been cautioned, subject to a court order, bound over, received a reprimand or warning or found guilty of committing any offence? | | Yes / No |
| Have you been cautioned, subject to a court order, bound over, received a reprimand or warning or found guilty for convicted of any similar offence in another country? | | Yes / No |
| **Are you ‘*Disqualified for Caring for Children?’:*** | |  |
| * Have you committed any offences against a child? | | Yes / No |
| * Have you committed any offences against an adult (e.g. rape, murder, indecent assault, actually bodily harm etc.)? | | Yes / No |
| * Have you been barred from working with children by the Disclosure and Barring Service (DBS)? | | Yes / No |
| * Have your children been taken into care? | | Yes / No |
| * Have / are your children the subject of a child protection order? | | Yes / No |
| * Has a court order been made in respect of a child under your care? | | Yes / No |
| * Have you been refused registration or had registration cancelled in relation to childcare or a children’s home? | | Yes / No |
| * Have you been disqualified from private fostering? | | Yes / No |
| Has your name been placed on the Disclosure and Barring Service (DBS) List? | | Yes / No |
| Have you had Ofsted Registration refused or cancelled or had a prohibition imposed or committed a prescribed offence in relation to registration? | | Yes / No |
| Do you have / are you taking any medication on a regular basis that could affect your ability to care for children? | | Yes / No |
| If you have answered **YES** to any of the questions above, please provide further information below: | | |
| Details of the order, restriction, conviction, caution etc. |  | |
| Date(s) |  | |
| The relevant court(s) or body(ies) |  | |
| Please provide a copy of the relevant order, caution, conviction etc. In relation to cautions / convictions a DBS Certificate may have provided. | | |
| In signing this form, I confirm that the information provided is true to the best of my knowledge and that:   * I understand my responsibility to safeguard children and young people. * I will ensure I notify the Head Teacher / Manager immediately of anything that may affects my suitability including any cautions, warnings, convictions, court orders, or reprimands I may receive. * I will ensure that I notify the Head Teacher / Manager immediately of anything that may affects my suitability in respect of me or a member of my household that would render me disqualified from working with children and young people. * I am aware that if I am taking medication on a regular basis I must notify my employer, and must keep the medication in a safe place, out of reach of children and young people. * I will ensure I notify the Head Teacher / Manager if I experience any health concerns which could affect upon my ability to work with children and young people.   I give my permission for you to contact any previous settings, local authority staff, the police, the DBS, or any medical professionals to share information about my suitability to care for children and young people. | | |
| Signed (Candidate)  ***Must be an actual handwritten signature*** | Date: | |
| Name (Candidate) | | |
| Signed  (Manager) | Date: | |
| Name (Manager) | | |

Please record follow-on action taken, where relevant

Manager

Data Protection Under the General Data Protection Regulation and the Data Protection Act 2018 you have the right to a copy of the data held about you. your personal data will be retained for your period of employment + 7 years or 9 months if not appointed.