**VOLUNTARY SERVICE**

**APPLICATION FORM FOR STUDENT VOLUNTEER PLACEMENTS**

**Note:- Please only complete this form if your volunteer placement is a requirement for your college course or university application. (This application form is not for work experience applicants.)**

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| **1 – YOUR PERSONAL DETAILS**  **Title:** MR/MRS/MISS/MS …………………… **Date of Birth:** ………………………………………  **Name:-**………………………………………………………………………………………………………  **Address:-**……………………………………………………………………………………………………  …………………………………………………………………………………………………………………  **Post Code: -** ………………………………………  **Email Address: -** …………………………………………………………………………………………  *(We will correspond with you by email only if possible)*  **Contact Telephone Number: -** …………………………………………………………………………  **Emergency Contact Name and Number: -** ……………………………………………………………  **Relationship to you:-**……………………………………………………………………………………… |
| **2 – NATIONAL INSURANCE NUMBER**.......................................................................................... |
| **3 – SCHOOL/COLLEGE DETAILS**  **School or College Name**………………………………………………………………………………  **School or College Contact Number** ………………………………………………………………..  **Careers Advisor or Work Experience Co-ordinator Name:-**  ………………………………………………………………………………………………………………… |
| **4– REFERENCES**  Please provide name, address and email address of 2 referees who can provide character references. One must have known you for at least 1 year and not be related to you; the other referee must be a current college tutor or placement officer.  **1)……………………………………………………………………………………………….……………...**  **………………………………………………………………………………………………………………….**  **2)……………………………………………………………………………………………………………….**  **…………………………………………………………………………………………………………………** |
| **5– Supporting Information**  **Please explain why you are applying to volunteer and what you hope to achieve in doing so?**  **What skills, knowledge or experience do you currently have that will enhance our patients experience?**  **Have you any preference regarding a placement?** |
| **6– Additional Information**  **Are you an EU national? YES/NO**  **Do you have any special requirements or adjustments: e.g. wheelchair access, hearing loop, support worker?**  **Would you need a personal evacuation plan in the event of an emergency? YES/NO** |

**7 – SUBMISSION OF APPLICATION**

**Please return completed application form to:**

Voluntary Services Department

Stepping Hill Hospital

Poplar Grove

Stockport

SK2 7JE

Tel (0161) 419 5400

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| **FOR OFFICIAL USE ONLY** | |
| Interview date:…………………………………… | Interview time: …………………………………….. |
| Interview letter sent: …………………………….. | References applied for: ………………………… |
|  |  |
| Reference 1 received: …………………………..  Reference 2 received: ………………………….. | OH clearance: …………………………………  DBS clearance: ……………………………… |
| NOTES: | |

**Please complete the following forms and return with your application form:-**

**Confidentiality Form**

**Equality Monitoring Form**

**Declaration Form A or B**

**Confidentiality Form**

**CONFIDENTIALITY AGREEMENT**

In connection with any access to confidential information (including personal information) provided to you which must not be disclosed to any other person unless in pursuit of your duties as agreed with the Trust.

In consideration of being given access to such confidential information, you hereby agree that such confidential information shall be treated by you as confidential and you agree as follows:

1. In this agreement "Confidential Information" shall mean information of whatever kind (whether commercial, technical, financial, operational or otherwise, whether communicated verbally, in writing or in any other form, and whether or not expressly stated to be confidential) provided or made available to you by or on behalf of the Trust including (but not limited to):
   1. the existence or contents of this agreement;
   2. information relating to the operation, business, employees, patients or suppliers of the Trust;
   3. any other information generated or acquired by you in relation to the Trust; and
   4. any modification (whether authorised or otherwise) made to any of the information mentioned in this paragraph 1 by you or any person to whom you have disclosed any of that information.
2. You will safeguard the Confidential Information and treat it with the strictest confidence and will not without the prior written consent of the Trust disclose, reveal, report, publish or transfer any Confidential Information to any third party.
3. You will divulge the Confidential Information only to those persons who are directly concerned with the provision of services to the Trust and who have a legitimate need to know or use such information or documents for the purposes of fulfilling their responsibilities and who have prior to such disclosure entered into an agreement with the Trust in the same form as this agreement or in such other form as may be approved by the Trust.
4. You will ensure that any such persons to whom you divulge any Confidential Information are aware that the same is confidential to the Trust.
5. You will not use the Confidential Information for any purpose other than for the fulfilment of your duties in connection with the provision of services to the Trust.
6. All papers furnished to you by the Trust (whether directly or through a third party) or generated or acquired by you will be returned or otherwise disposed of as the Trust may from time to time direct.
7. You will not make any copies (whether in physical or electronic form) of any Confidential information that is not relevant to the objective and must be authorised by the Trust.
8. The obligations set out in this agreement shall continue in full force and effect notwithstanding the completion of the services, and/or the termination of your involvement with the provision of the services.

The Data Protection Act 1998 regulates the use of all personal information and includes electronic and paper records of identifiable individuals (patients and staff). The Computer Misuse Act 1990 makes it a criminal offence to gain access to unauthorised information on a computer system.

If you are found to have used any information you have seen or heard whilst working with the Trust in breach of this agreement and the Data Protection Act 1998 you may face legal action.

**Statement of Acceptance:**

I understand that I am bound by a duty of confidentiality and agree to adhere to the conditions set out above.

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| **Job Title / Role:** |  |
| **Contact details:** |  |
| **Print Name:** |  |
| **Signature:** |  |
| **Date:** |  |

**Equality Monitoring Form**

**EQUALITY MONITORING FORM**

NHS organisations recognise the benefits of having a diverse workforce and therefore welcome applications from all sections of the community. In addition to this, under the provisions of the Equality Act 2010, all NHS organisations are required to demonstrate that their recruitment processes are fair and that they are not discriminating against or disadvantaging anyone because of their age, disability, gender reassignment status, marriage or civil partnership status, pregnancy or maternity, race, religion or belief, sex or sexual orientation. Therefore a series of questions need to be raised in order to ascertain who is applying for each position and to ensure that no one is being unfairly discriminated against or disadvantaged.  
  
This section of the application form will not be used as part of the selection process . The information collected is only used for monitoring purposes in an anonymised format to assist the organisation in analysing the profile and make up of individuals who apply, are shortlisted for and appointed to each vacancy. In this way, they can check that they are complying with the Equality Act 2010.

**Equality & Diversity Monitoring**

**Equality Act 2010**

The Equality Act 2010 protects people against discrimination on the grounds of:

* their age and sex.
* their race which includes colour, nationality, ethnic or national origin.
* their religion or belief, including a lack of any belief.
* their sexual orientation, be it bisexual, gay, heterosexual and lesbian.

The Equality Act 2010 also protects people who are married or in a civil partnership.

Please state your date of birth:

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Please state your gender:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe your marital status:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate your ethnic origin:

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| --- | --- | --- |
| **\* I would describe my ethnic origin as follows:** | | |
| **Asian or Asian British**  ( ) Bangladeshi  ( ) Indian  ( ) Pakistani  ( ) Any other Asian background  **Black or Black British**  ( ) African  ( ) Caribbean  ( ) Any other Black background | **Mixed**  ( ) White & Asian  ( ) White & Black African  ( ) White & Black Caribbean  ( ) Any other mixed background  **White**  ( ) British  ( ) Irish  ( ) Any other White background | **Other Ethnic Group**  ( ) Chinese  ( ) Any other ethnic group  ( ) I do not wish to disclose |

Please indicate the option which best describes your sexual orientation: *\**

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| **\* Please select the option which best describes your sexuality** | |
| ( ) Lesbian  ( ) Gay  ( ) Bisexual | ( ) Heterosexual  ( ) I do not wish to disclose |

Please indicate your religion or belief: *\**

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| **\* Please indicate your religion or belief** | | |
| ( ) Atheism  ( ) Buddhism  ( ) Christianity  ( ) Islam | ( ) Jainism  ( ) Sikhism  ( ) Other | ( ) Judaism  ( ) Hinduism  ( ) I do not wish to disclose |

**Equality Act 2010**

The Equality Act 2010 protects disabled people - including those with long term health conditions, learning disabilities and so called "hidden" disabilities such as dyslexia. If you tell us that you have a disability we can make reasonable adjustments to ensure that any selection processes - including the interview - are fair and equitable.

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| **\* Do you consider yourself to have a disability?** | ( ) Yes ( ) I do not wish to disclose this  ( ) No |
| **Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of these categories apply please mark ‘other’** | |
| ( ) Physical Impairment  ( ) Sensory Impairment  ( ) Mental Health Condition | ( ) Learning Disability / Difficulty  ( ) Long-standing Illness  ( ) Other |

**DECLARATION FORM A**

**MODEL DECLARATION FORM A**

**Guidance for applicants**

The position you have applied for is exempt from the Rehabilitation of Offenders Act 1974 (as amended in England and Wales).

When **Stockport NHS Foundation Trust** is assessing your character and suitability for any such appointment, it is legally permitted to ask for and consider any information relating to unspent (current) and spent (old) criminal convictions, police cautions, final warnings or reprimands which are not protected (or filtered out) by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013.

You are not legally obliged to declare any convictions or cautions which are protected under the Exceptions Order. Employers must not ask for, or consider any such information as part of their recruitment process. Before completing this form it will be important for you to read the useful guidance section on page two which provides additional advice about the type of criminal history information you must declare.

Where relevant to the role, the organisation may also ask you to provide any information about any investigations and/or formal action taken against you by a regulatory or licencing body which may have had an impact on your professional registration and/or fitness to practise in your chosen profession.

Any information you declare when completing this form will be verified by undertaking a follow-up check with the relevant body. It will also include carrying out a standard or enhanced disclosure through the Disclosure and Barring Services (known as a DBS check).

Enhanced disclosures may also include other non-conviction information which may be held on central police databases, where this is regarded as relevant to the position you are applying for. If the position has, in addition, been identified as a ‘regulated activity’ under the Safeguarding Vulnerable Groups Act 2006 (as amended by the Protection of Freedom’s Act 2012), the enhanced disclosure will also include any information that may be held about you on the children’s and/or adults barred list(s).

**Our fair recruitment promise**

**Stockport NHS Foundation Trust** aims to promote equality of opportunity and is committed to treating all applicants for positions fairly and on merit regardless of ethnicity, disability, age, gender or gender re-assignment, religion or belief, sexual orientation, pregnancy or maternity, marriage or civil partnership.

The organisation does not discriminate unfairly against applicants on the basis of criminal conviction or other such information declared. If we believe that the information you have declared is relevant to the position you are applying for, we will discuss this with you prior to making our final recruitment decision. If information is not raised with you, this is because we do not believe that this should be taken into account. In any event, you remain free to discuss the matter with the recruiting manager or human resources department should you wish to do so.

All information will be examined on a case-by-case basis alongside the full range of information we gain about you as part of our recruitment process. It is important to stress that answering yes to any of the questions in the attached form does not mean that you will be prevented from taking up an appointment in the NHS.

**How will my information be used?**

The information that you provide in this declaration form will be processed in accordance with the Data Protection Act 1998*.* It will only be used for the purpose of determining your application for this position. It will also be used for purposes of enquiries in relation to the prevention and detection of fraud.

If you have declared any information relating to criminal convictions or other such offences, we will consider the following:

* The relevancy of the conviction/offence to the position being applied for.
* The seriousness of the offence(s).
* Your age when you committed the offence(s).
* The length of time since the offence(s) occurred.
* If there is a pattern of offending behaviour.
* The circumstances surrounding the offence(s).
* Any evidence you provide to demonstrate that your circumstances have changed since the offending behaviour.

It is important to be aware, that the failure to disclose all spent and unspent convictions which you are legally obliged to declare (i.e. those that are not protected by Exceptions Order of the Rehabilitation of Offenders Act (as amended in England and Wales), could result in disciplinary proceedings or dismissal.

Please ensure that you take the time to read the supplementary guidance that we sent to you with your application form. This provides you with detailed information about how we will process your application, the persons to whom information will be disclosed, and the range of checks that we will undertake as part of our recruitment process.

**Useful guidance**

If you have a criminal history, it will be important for you to refer to the easy to read [guidance documents](http://hub.unlock.org.uk/knowledgebase/filtering-cautions-convictions/) (<http://hub.unlock.org.uk/knowledgebase/filtering-cautions-convictions>/) provided on the Unlock website.

Unlock is a charity body that provides information and advice to individuals to help them gain a greater understanding about the type of information employers are likely to seek about their criminal history, which convictions and cautions are protected under the Exceptions Order (i.e. will never be disclosed as part of a DBS check and do not need to be declared when completing this form) and their rights.

**MODEL DECLARATION FORM A**

Please complete and return the form only to: **Stockport NHS Foundation Trust**.

**Before completing this form, it is important to note the following points:**

1. You must answer all the questions in this form.
2. Before ticking yes or no, please ensure that you to read the explanatory notes which are provided underneath each of the questions. These notes are intended to guide you in determining what additional information you will be required to provide to support your answers.
3. If you answer yes to any of the questions, please use the space provided to include any relevant information about your suitability for the position you are applying for.
4. If you would like any additional supplementary evidence to support your application to be considered, please ensure it is attached or uploaded with this form when you return it.
5. You are not required to disclose information about parking offences.

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| **Applicant details** | | | | | |
| Full name (in block capitals) |  | Contact details |  | | |
| Role applied for |  |  |  | | |
| **1. Are you currently bound over, or have you ever been convicted of any offence by a Court or Court-Martial in the United Kingdom or in any other country?**  You should tick no, if any convictions are protected (or filtered out) by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) 2013. Please refer to information about protected convictions and cautions in the [useful guidance](#_Guidance_for_applicants) section. | | | | Yes | No |
| If you have ticked yes, please provide details of the order binding you over and/or the nature of the offence, penalty, sentence or order of the Court, the date and place of the Court hearing. | | | | | |
| **2. Have you ever received a police caution, reprimand or final warning in the United Kingdom or in any other country?**  You should tick no, if any cautions, reprimands or final warnings are protected (or filtered out) by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) 2013. Please refer to further information about protected convictions and cautions in the [useful guidance](#_Guidance_for_applicants) section. | | | | Yes | No |
| If you have ticked yes, please provide details of the caution, reprimand or final warning, including the date and reason administered. | | | | | |

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| **3. Have you been charged with any offence in the United Kingdom or in any other country that has not yet been disposed of?**  Please note that you must inform us immediately if you are charged with any offence in the United Kingdom or in any other country after you complete this form and before taking up any position offered to you. | Yes | No |
| If you have ticked yes, please provide details of the nature of the offence with which you are charged, date on which you were charged, and details of any on-going proceedings by a prosecuting body. | | |
| **4. Are you aware of any current investigations being undertaken by the police following allegations being made against you in the United Kingdom or in any other country?** | Yes | No |
| If you have ticked yes, please provide details of the nature of the allegations made against you and, if known to you, any action to be taken against you by the police.  Please note that we will only take into account any current investigations which might be relevant to the position you are applying for. | | |
| **5. Have you ever been investigated by the NHS Business Services Authority (formerly NHS Counter Fraud and Security Management Services) or any other investigatory body resulting in a current or past conviction or any formal action being taken against you?** | Yes | No |
| If you have ticked yes, please provide details of the offence, including any dates.  **Investigatory bodies** may include:  HM Revenue & Customs, the Financial Services Authority, Department for Business, Energy and Industrial Strategy (formerly the Department of Trade & Industry), Department of Work and Pensions, Home Office, UK Visas and Immigration and local authorities.  This list is intended as a guide only, you must declare any investigation conducted by an investigatory body. | | |
| **6. Have you ever been dismissed by reason of misconduct from any employment, volunteering, office, or other position previously held by you?** | Yes | No |
| If you have ticked yes, please provide details of the employment, volunteering, office, or other position held, the date that you were dismissed and the nature of allegations of misconduct made against you. | | |

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| **7. Are you currently subject to a fitness to practise investigation and/or proceedings of any nature by a regulatory or licensing body in the UK or in any other country?** | Yes | No |
| If you have ticked yes, please provide the reasons given for the investigation and, where applicable, the details of any warnings, conditions or sanctions (including limitations, suspension or any other restrictions) that apply to your professional registration and, the name and address of the regulatory or licensing body concerned.  Please note that we will only take into account any current fitness to practise investigation or proceedings which might be relevant to the position you are applying for. | | |
| **8. Have you ever been removed from the register, or have conditions or sanctions been placed on your registration, or have you been issued with a warning by a regulatory or licensing body in the UK or in any other country?**  You should tick no, where any right to appeal has been upheld and where that appeal has resulted in your case being fully exonerated. | Yes | No |
| If you have ticked yes, please provide details of any conditions or sanctions (including limitations, suspension or any other restrictions) that apply to your registration and/or any warnings issued, where relevant and, the name and address of the regulatory or licensing body concerned. | | |
| **9. Are you subject to any other prohibition, limitation, or restriction that means we are/or may be unable to consider you for the position for which you are applying?** | Yes | No |
| If you have ticked yes, please include details of the nature of the prohibition, restriction or limitation and by whom it was made. | | |

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| **Continuation sheet:** |
| If you have answered yes to any of the questions above, please use the space below to provide any additional information you wish us to consider as part of your application. You may continue on a separate sheet or attach any additional evidence, if you wish to do so.  Please clearly indicate the number of the question to which the information relates. |
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| **Declaration** | | | |
| **IMPORTANT**  The Data Protection Act 1998 requires us to advise you that we will be processing your personal data. Processing includes: holding, obtaining, recording, using, sharing and deleting information.  The Act defines ‘sensitive personal data’ as racial or ethnic origin, political opinions, religious or other beliefs, trade union membership, physical or mental health, sexual life, criminal offences, criminal convictions, criminal proceedings, disposal or sentence.  The information that you provide in this declaration form will be processed in accordance with the Data Protection Act 1998. It will be used for the purpose of determining your application for this position. It will also be used for purposes of enquiries in relation to the prevention and detection of fraud.   Once a decision has been made concerning your appointment, **Stockport NHS Foundation Trust** will not retain this declaration form any longer than is necessary - see further details in the supplementary guidance notes for applicants which we provided with your application form. This declaration will be kept securely and in confidence. Access to this information will be restricted to designated persons within the organisation who are authorised to view it as a necessary part of their work.  **In signing the declaration on this form, you are explicitly consenting for the data you provide to be processed in the manner described above.** | | | |
| I confirm that the information that I have provided in this declaration form is correct and complete. I understand and accept that if I knowingly withhold information, or provide false or misleading information, this may result in my application being rejected, or if I am appointed, in my dismissal, and I may be liable to prosecution.  Please sign and date this form. | | | |
| Full name (in block capitals) |  | Signature |  |
| Date |  |  |  |
| If you need any assistance or advice before returning this form to us, or you wish to withdraw your consent at any time after you have submitted this form, please contact **The Voluntary Services Manager.**  All enquiries will be treated in strict confidence. | | | |

**DECLARATION FORM B**

**MODEL DECLARATION FORM B**

**Guidance for applicants**

The position you have applied for is non-exempt from the Rehabilitation of Offenders Act 1974 (as amended in England and Wales).

When **Stockport NHS Foundation Trust** is assessing your character and suitability for any such appointment, it is legally permitted to ask for and consider any information relating to unspent (current) convictions, police cautions, final warnings or reprimands which are not protected (or filtered out) by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013.

You are not legally obliged to declare any convictions or cautions which are protected or have become spent (old) under the Exceptions Order. Employers must not ask for, or consider any such information as part of their recruitment process. Before completing this form it will be important for you to read the useful guidance section on page two which provides additional advice about the type of criminal history information you must declare.

Where relevant to the role, the organisation may also ask you to provide any information about any investigations and/or formal action taken against you by a regulatory or licencing body which may have had an impact on your professional registration and/or fitness to practise in your chosen profession.

Any information you declare when completing this form will be verified by undertaking a follow-up check with the relevant body.

**Our fair recruitment promise**

**Stockport NHS Foundation Trust** aims to promote equality of opportunity and is committed to treating all applicants for positions fairly and on merit regardless of ethnicity, disability, age, gender or gender re-assignment, religion or belief, sexual orientation, pregnancy or maternity, marriage or civil partnership. The organisation does not discriminate unfairly against applicants on the basis of criminal conviction or other such information declared.

Any information declared by you that is believed to be relevant to the position that you are applying for will be discussed with you prior to making the final recruitment decision. If information is not raised with you, it is because it is believed that it should not be taken into account. In any event, you remain free to discuss the matter with the recruiting manager or human resources department should you wish to do so.

All information will be examined on a case-by-case basis alongside the full range of information we gain about you as part of our recruitment process. It is important to stress that answering yes to any of the questions in the attached form does not automatically mean that you will be prevented from taking up an appointment in the NHS.

**How will my information be used?**

The information that you provide in this declaration form will be processed in accordance with the Data Protection Act 1998*.*

It will be used for the purpose of determining your application for this position and enquiries in relation to the prevention and detection of fraud.

If you have declared any information relating to unspent criminal history, the organisation will consider the following:

* The relevancy of the conviction/offence to the position being applied for.
* The seriousness of the offence(s).
* Your age when you committed the offence(s).
* The length of time since the offence(s) occurred.
* If there is a pattern of offending behaviour.
* The circumstances surrounding the offence(s).
* Any evidence you provide to demonstrate that your circumstances have changed since the offending behaviour.

It is important to be aware that the failure to disclose all unspent convictions which you are legally obliged to declare (i.e. those that are not protected by Exceptions Order of the Rehabilitation of Offenders Act, as amended in England and Wales), could result in disciplinary proceedings or dismissal.

Please ensure that you take the time to read the supplementary guidance that was sent to you with your application form. This provides you with detailed information about how your application will be processed, the persons to whom information will be disclosed and the range of checks that will be carried out as part of the recruitment process.

**Useful guidance**

If you have a criminal history, it will be important for you to refer to [additional guidance](http://hub.unlock.org.uk/knowledgebase/filtering-cautions-convictions/) (<http://hub.unlock.org.uk/knowledgebase/filtering-cautions-convictions/>) provided on the Unlock website.

Unlock is a charity body that provides information and advice to individuals to help them gain a greater understanding about the type of information employers are likely to seek about their criminal history. It also provides information about which convictions and cautions are protected under the Exceptions Order (i.e. will never be disclosed as part of a DBS check and do not need to be declared when completing this form) and your rights.

There is also an easy to use [disclosure calculator](http://disclosurecalculator.org.uk/) (<http://disclosurecalculator.org.uk/>) which will help identify any current unspent convictions and cautions that must be declared when completing the attached form.

**MODEL DECLARATION FORM B**

Please complete and return the form only to: **Stockport NHS Foundation Trust**.

**Before completing this form, it is important to note the following points:**

1. You must answerallof the questions in this form.
2. Before ticking yes or no, please ensure that you read the explanatory notes which are provided underneath each of the questions. These notes are intended to guide you in determining what additional information you will be required to provide to support your answers.
3. If you answer yes to any of the questions, please use the space provided to include any relevant information about your suitability for the position you are applying for.
4. If you would like any additional supplementary evidence to support your application to be considered, please ensure it is attached or uploaded with this form when you return it.
5. Please note that you are not required to disclose information about parking offences.

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| --- | --- | --- | --- | --- | --- |
| **Applicant details** | | | | | |
| Full name (in block capitals) |  | Contact details |  | | |
| Role applied for |  |  |  | | |
| 1. **Are you currently bound over or do you have any current unspent convictions that have been issued by a Court or Court-Martial in the United Kingdom or in any other country?**   You should tick no, if any convictions are protected (or filtered out); and/or have become spent as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) 2013.  Please refer to further information about protected and spent convictions and cautions in the [guidance for applicants](#_Guidance_for_applicants) section which accompanies this form. | | | | Yes | No |
| If you have ticked yes, please provide details of the order binding you over and/or the nature of the offence, penalty, sentence or order of the court, the date and place of the court hearing. | | | | | |
| 1. **Do you have any current unspent police cautions, reprimands or final warnings in the United Kingdom or in any other country?**   You should tick no, if any cautions, reprimands or final warnings are protected (or filtered out); and/or have become spent as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) 2013.  Please refer to further information about protected and spent convictions and cautions in the [guidance for applicants](#_Guidance_for_applicants) section which accompanies this form. | | | | Yes | No |
| If you have ticked yes, please provide details of the caution, reprimand or final warning, including the date and reason administered. | | | | | |

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| **3. Have you been charged with any offence in the United Kingdom or in any other country that has not yet been disposed of?**    Please note that you must inform us immediately if you are charged with any offence in the United Kingdom or in any other country after you complete this form and before taking up any position offered to you. | Yes | No |
| If you have ticked yes, please provide details of the nature of the offence with which you are charged, date on which you were charged, and details of any on-going proceedings by a prosecuting body. | | |
| **4. Are you aware of any current investigations being undertaken by the police following allegations being made against you in the United Kingdom or in any other country?** | Yes | No |
| If you have ticked yes, please provide details of the nature of the allegations made against you and, if known to you, any action to be taken against you by the police.  It is important to note, that we will only take into account any current investigations which might be relevant to the position you are applying for. | | |
| **5. Have you ever been investigated by the NHS Business Services Authority (formerly NHS Counter Fraud and Security Management Services) or any other investigatory body resulting in a current or past conviction or any formal action being taken against you?** | Yes | No |
| If you have ticked yes, please provide details of the offence, including any dates.  **Investigatory bodies** may include:  HM Revenue & Customs, the Financial Services Authority, Department for Business, Energy and Industrial Strategy (formerly the Department of Trade & Industry), Department of Work and Pensions, Home Office, UK Visas and Immigration and local authorities.  This list is intended as a guide only; you must declare any investigation conducted by an investigatory body. | | |
| **6. Have you ever been dismissed by reason of misconduct from any employment, volunteering, office or other position previously held by you?** | Yes | No |
| If you have ticked yes, please provide the details of the employment, volunteering, office, or other position held, the date that you were dismissed and the nature of allegations of misconduct made against you. | | |

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| --- | --- | --- |
| **7. Are you currently subject to a fitness to practise investigation and/or proceedings of any nature by a regulatory or licensing body in the UK or in any other country?** | Yes | No |
| If you have ticked yes, please provide the reasons given for the investigation and, where applicable, the details of any proceedings or sanctions (including limitations, conditions, suspension or any other restrictions) that apply to your professional registration, and the name and address of the regulatory or licensing body concerned.  It is important to note, that we will only take into account any current fitness to practise investigations or proceedings which might be relevant to the position you are applying for. | | |
| **8. Have you ever been removed from the register, or have conditions or sanctions been placed on your registration, or have you been issued with a warning by a regulatory or licensing body in the UK or in any other country?**  *You should tick no, where any right to appeal has been upheld and where that appeal has resulted in your case being fully exonerated.* | Yes | No |
| If you have ticked yes, please provide details of any conditions or sanctions (including limitations, suspension or any other restrictions) that apply to your registration and/or any warnings issued, where relevant, and the name and address of the regulatory or licensing body concerned. | | |
| **9.Are you subject to any other prohibition, limitation, or restriction that means we are/or may be unable to consider you for the position for which you are applying?** | Yes | No |
| If you have ticked yes, please include details of the nature of the prohibition, restriction or limitation and by whom it was made. | | |

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| **Continuation sheet** |
| If you have answered YES to any of the questions above, please use the space below to provide any additional information you wish us to consider as part of your application. You may continue on a separate sheet or attach any additional evidence, if you wish to do so.  Please clearly indicate the number of the question to which the information relates. |
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| **Declaration** | | | |
| **IMPORTANT**  The Data Protection Act 1998 requires us to advise you that we will be processing your personal data. Processing includes: holding, obtaining, recording, using, sharing and deleting information. The Act defines ‘sensitive personal data’ as racial or ethnic origin, political opinions, religious or other beliefs, trade union membership, physical or mental health, sexual life, criminal offences, criminal convictions, criminal proceedings, disposal or sentence.  The information that you provide in this declaration form will be processed in accordance with the Data Protection Act 1998. It will be used for the purpose of determining your application for this position. It will also be used for purposes of enquiries in relation to the prevention and detection of fraud.   Once a decision has been made concerning your appointment, **Stockport NHS Foundation Trust** will not retain this declaration form any longer than is necessary - see further details in the supplementary guidance notes for applicants which we provided with your application form. This declaration will be kept securely and in confidence. Access to this information will be restricted to designated persons within the organisation who are authorised to view it as a necessary part of their work.  **In signing the declaration on this form, you are explicitly consenting for the data you provide to be processed in the manner described above.** | | | |
| I confirm that the information that I have provided in this declaration form is correct and complete. I understand and accept that if I knowingly withhold information, or provide false or misleading information, this may result in my application being rejected, or if I am appointed, in my dismissal, and I may be liable to prosecution.  Please sign and date this form. | | | |
| Full name (in block capitals) |  | Signature |  |
| Date |  |  |  |
| If you need any assistance or advice before returning this form to us, or you wish to withdraw your consent at any time after you have submitted this form, please contact **The Voluntary Services Manager.**  All enquiries will be treated in strict confidence. | | | |