

## APPLICANT NOTES

### IN CONFIDENCE

The position you have applied for has been identified as being an 'eligible position' under the *Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975* [the Exceptions Order] and, in certain circumstances, the *Police Act 1997*. As such, it meets the eligibility criteria for a standard or an enhanced disclosure to be requested through the Disclosure and Barring Service (DBS).

Both standard and enhanced DBS disclosure certificates contain information about any convictions, cautions (including reprimands and final warnings) which are not 'protected' as defined by the *Rehabilitation of Offenders Act 1974 (Exceptions Order) 1975 (as amended)* - see highlighted note in the section below. Enhanced disclosures may also include other relevant police information where this is deemed relevant to the position you are applying for.

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Please be aware that the *Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013 (S.I. 2013/1198)* made amendment to the *Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975* to provide that certain spent convictions and cautions will become protected when specific conditions are met. Protected convictions and cautions will not be disclosed in a DBS check, and employers cannot ask for information about protected convictions or cautions, or take these into account when considering you for appointment.

Before you complete this form please read guidance and criteria for the filtering of these convictions and cautions which can be found on the Disclosure and Barring Service website at: [www.gov.uk/government/disclosure-and-barring-service](http://www.gov.uk/government/disclosure-and-barring-service)

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Before you can be considered for appointment with the Practice we need to be satisfied about your character and suitability.

Where the position has, in addition, been identified as a regulated activity under the *Safeguarding Vulnerable Groups Act (2006) (as amended by the Protection of Freedoms Act 2012)* an enhanced DBS disclosure will include information which is held on the Children's and/or Adults barred list(s), as applicable to the position.

The Practice 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. We undertake not to discriminate unfairly against applicants on the basis of criminal conviction or other such information declared.

Prior to making a final decision concerning your application, we shall discuss with you any information declared by you that we believe may have a bearing on your suitability for the position. If we do not raise this information with you, this is because we do not believe that it should be taken into account. In that event you still remain free, should you wish, to discuss the matter with the recruiting manager. As part of assessing your application, we will only take into account criminal records and other information declared which is relevant to the position being applied for.

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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

Model declaration Form A (July 2013)

for this position. It will also be used for purposes of enquiries in relation to the prevention and detection of fraud.

**Please ensure that you read the Applicant Notes on page 1 before completing this declaration form.** They provide you with further and more detailed information about how your application will be processed, the persons to whom it will be disclosed and the checks that will be done to verify the information provided.

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**Please answer all of the following questions in this form.** If you answer 'yes' to any of the questions, please provide full details in the space indicated. Please also use the space below to provide any other information that may have a bearing on your suitability for the position for which you are applying. You may continue on a separate sheet if necessary, and you may attach supplementary comments should you wish to do so.

Answering 'yes' to any of the questions below will not necessarily bar you from an appointment within the NHS. This will depend on the relevance of the information you provide in respect of the nature of the position for which you are applying and the particular circumstances.

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**1. Are you currently bound over, or do you have any convictions or cautions (including warnings and reprimands) which are not deemed 'protected' under the amendment to the Exceptions Order 1975\*, issued by a Court or Court-Martial in the United Kingdom or in any other country?**

NO

YES

If **YES**, please include details of the order binding you over and/or the nature of the offence, the penalty, sentence or order of the Court, and the date and place of the Court hearing.

**\*Please note that you do not need to tell us about convictions, cautions, warnings or reprimands which are deemed 'protected' under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013 - see applicant notes above.**

**You also are not required to tell us about parking offences.**

**2. Have you been charged with any offence in the United Kingdom or in any other country that has not yet been disposed of?**

NO

YES

If **YES**, please include 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.

**You are reminded that, if you are appointed, you have a continued responsibility to inform us immediately where you are charged with any new offence, criminal conviction or fitness to practise proceedings in the United Kingdom or in any other country that might arise in the future.**

**You do not need to tell us if you are charged with a parking offence.**

**3. Are you aware of any current investigation being undertaken by the NHS Counter Fraud and Security Management Services (NHS CFSMS) following allegations made against you?**

NO   
YES

If **YES**, please include details of the nature of the allegations made against you, and if known to you, any action to be taken against you by NHS Counter Fraud and Security Management Services (NHS CFSMS).

**4. Have you been investigated by the Police, NHS CFSMS or any other Investigatory Body resulting in a current or past conviction or dismissal from your employment or volunteering position?**

NO   
YES

If **YES**, please include details of the nature of the allegations made against you, and if known to you, any action to be taken against you by the Investigatory Body.

**Investigatory bodies include: Local Authorities, Customs and Excise, Immigration, Passport Agency, Inland Revenue, Department of Trade and Industry, Department of Work and Pensions, Security Agencies, Financial Service Authority. This list is not exhaustive and you must declare any investigation conducted by an Investigatory Body.**

**5. Have you ever been dismissed by reason of misconduct from any employment, volunteering, office or other position previously held by you?**

NO   
YES

If **YES**, please include details of the employment, office or position held, the date that you were dismissed and the nature of allegations of misconduct made against you.

**6. Have you ever been disqualified from the practise of a profession, or required to practise subject to specified limitations following fitness to practise proceedings, by a regulatory or licensing body in the United Kingdom or in any other country?**

NO   
YES

If **YES**, please include details of the nature of the disqualification, limitation or restriction, the date, and the name and address of the licensing or regulatory body concerned.

**7. Are you currently or have you ever been the subject of any investigation or fitness to practise proceedings by any licensing or regulatory body in the United Kingdom or in any other country?**

NO

YES

If **YES**, please include details of the reason given for the investigation and/or proceedings undertaken, the date, details of any limitation or restriction to which you are currently subject, and the name and address of the licensing or regulatory body concerned.

**8. Are you subject to any other prohibition, limitation, or restriction that means we are unable to consider you for the position for which you are applying?**

NO

YES

If **YES**, please include details.

**9. Are there any other matters that may be relevant to the position being applied for which might cause your reliability or suitability for employment to be called into question?**

NO

YES

If **YES**, please include details.

Please note that you are not required to disclose a protected conviction or caution as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) (England and Wales) Order 2013 or any circumstances ancillary to that protected conviction or caution - as outlined within the applicant notes above.

If you have answered 'yes' to any of the questions above, please use the space on the next page to provide details.

If you have answered 'yes' to any of the questions above, please use this space to provide details. Please **indicate clearly the number(s) of the question** that you are answering. You may continue on a separate sheet if necessary and may attach supplementary comments should you wish to do so.

# 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 *Data Protection Act 1998* 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.

Where you are applying for a position which involves regulated activity, this will also include any barring decisions made by the Disclosure and Barring Service (DBS) against the Children's or Adults barred lists under the terms of the *Safeguarding Vulnerable Groups Act 2006 (as amended by the Protection of Freedoms Act 2012)*.

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, The Practice will not retain this declaration form any longer than necessary [see further details in '*Guidance Notes for Applicants*' which was 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 have read the '*Guidance Notes for Applicants*' that accompanied my application form, and I consent to the information provided in this declaration form being used by The Windrush Medical Practice for the purpose of assessing my application, and for enquiries in relation to the prevention and detection of fraud.

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.**

SIGNATURE.....

NAME (in block capitals) .....

DATE.....

**Please complete and return this Model Declaration Form along with your application, marked 'Confidential'. Forms should be returned to:**

**ADDRESS:** Windrush Medical Practice  
Windrush Health Centre  
Welch Way  
Witney  
Oxon  
OX28 6JS  
01993 702911

**If you wish to withdraw your consent at any time after completing this declaration form or you have any enquiries relating to information required in this form, please contact Hattie Clay Practice Manager.**

**All enquiries will be treated in strict confidence.**