

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

DECLARATION FORM (A) – EXEMPTED & ENHANCED DISCLOSURE

CONFIDENTIAL

The position you have applied for has been identified as exempt under the Rehabilitation of Offenders Act 1974 (as amended) and is eligible for a criminal records check. This means that you must declare all criminal convictions, including those that would otherwise be considered 'spent'.

The level of check (standard or enhanced and/or barred list checks) is determined by the roles and responsibilities of the position being applied for. Please read the following notes carefully before completing this declaration form. If you require further information, please contact the Recruitment Services on Tel. 0116 258 5945. All enquiries will be treated in strict confidence.

The University Hospitals of Leicester NHS Trust aims to promote equality of opportunity and is committed to treating all applicants for positions fairly and on merit regardless of race, gender, marital status, religion, disability, sexual orientation or age. We undertake not to discriminate unfairly against applicants on the basis of criminal conviction or other 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, to discuss the matter with the interviewing panel. As part of assessing your application, we will only take into account relevant criminal record and other information declared.

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.

Please ensure that you read the attached 'Policy Statement on the Recruitment of Ex-Offenders' carefully before completing this declaration form. They provide you with further and more detailed information about how your application will be processed and the persons to whom it will be disclosed.

Please answer all of the following questions. 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.

The cost of undertaking a DBS disclosure at the required level and associated processing costs will be met by the individual/applicant. To expedite the process the Trust will meet the initial costs of the disclosure which will be deducted from the individual's salary over a three month period commencing on their first months payment. As at the 1st April 2014 the cost of a DBS Disclosure including administration fee is as follows:

Standard Disclosure: £30.43

Enhanced Disclosure with/without Barred List Checks: £48.43

Answering 'yes' to any of the questions below will not necessarily prevent your appointment within the NHS. This will depend on the nature of the position for which you are applying and the particular circumstances.

"Should there be changes to the information you have provided above and / or your application for employment with University Hospitals of Leicester NHS Trust, you must inform the Trust of these changes immediately. Failure to do so could result in the withdrawal of an offer of employment or dismissal if you have already commenced in post"

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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?

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: you do not need 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 practice 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 NHS Counter Fraud and Security Management Service investigation 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 the NHS CFSMS.

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

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, 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 practice of a profession, or required to practice subject to specified limitations following fitness to practice 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 the subject of any investigation or fitness to practice 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. Do you know of any other matters in your background which might cause your reliability or suitability for employment to be called into question?

NO

YES

If **YES**, please include 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 and any barring decisions made against the Children’s or Adults Lists under the terms of the Safeguarding Vulnerable Adults 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 University Hospitals of Leicester NHS Trust** will not retain this declaration form any longer than necessary [see further details in ‘Policy Statement on the Recruitment of Ex-Offenders’. This declaration will be kept securely and in confidence. Access to this information will be restricted to designated persons within the trust 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 ‘Policy Statement on the Recruitment of Ex-Offenders’ that accompanied my application form, and I consent to the information provided in this declaration form being used by **the University Hospitals of Leicester NHS Trust** 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 THIS MODEL DECLARATION FORM AND PLACE IN A SEPARATE ENVELOPE MARKED ‘CONFIDENTIAL’ AND BRING WITH YOU TO YOUR INTERVIEW AND HAND TO THE CHAIR OF THE INTERVIEW PANEL.

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 the HR Administrator. All enquiries will be treated in strict confidence.