



St Laurence Church Infant School
Self-disclosure Form: Regulated Activity

Name of candidate	
Previous name (s): Please include date(s) each name was used (MM/YY)	
Address with postcode:	
Telephone / mobile number:	
Date of birth:	
Gender:	

As the role you have applied for involves regulated activity or regulated work, you will be required to undergo the relevant vetting and barring checks.

All information you provide will be treated as confidential and managed in accordance with relevant data protection legislation and guidance. You have a legal right to access information held about you.

Have you ever been known to any Children's Services department or Police as being a risk or potential risk to children?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide further information:	
Have you been the subject of any investigation by any organisation or body due to concerns about your behaviour towards children?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide further information:	

<p>Have you ever been the subject of disciplinary procedures or been asked to leave employment or voluntary activity due to inappropriate behaviour towards children?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>If yes, please provide further information:</p>	
<p>Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) 2013?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>If yes, please provide further information:</p>	

<p>Confirmation of declaration (tick box below)</p>	
<p><input type="checkbox"/></p>	<p>I agree that the information provided here may be processed in connection with recruitment purposes and I understand that an offer of employment may be withdrawn or disciplinary action may be taken if information is not disclosed by me and subsequently come to the organisation's attention.</p>
<p><input type="checkbox"/></p>	<p>In accordance with the organisation's procedures if required I agree to provide a valid criminal record certificate and consent to the organisation clarifying any information provided on the disclosure with the agencies providing it.</p>
<p><input type="checkbox"/></p>	<p>I agree to inform the organisation within 24 hours if I am subsequently investigated by any agency or organisation in relation to concerns about my behaviour towards children or young people.</p>
<p><input type="checkbox"/></p>	<p>I understand that the information contained on this form, the results of the DBS check and information supplied by third parties may be supplied by the organisation to other persons or organisations in circumstances where this is considered necessary to safeguard children.</p>

<p>Signature of candidate:</p>	
<p>Print name:</p>	
<p>Date:</p>	