

ChaplaincyPlus Self-Declaration Form

Complete and sign this self-declaration and, where applicable, consent to criminal records check and email to safeguarding@chaplaincyplus.org.uk or mail it (separate to your application form) to:

STRICTLY CONFIDENTIAL, Safeguarding Team, ChaplaincyPlus, 167 Newhall Street, Birmingham, B3 1SW.

The existence of a criminal record does not exclude you from being able to apply for a role, unless there are clear reasons preventing this.

CONVICTION HISTORY

Have you ever been charged with, cautioned or convicted in relation to any criminal offence; or are you at present the subject of any criminal investigations/ pending prosecution?

NO [] YES* []

***If yes, please give details including the nature of the offences and the dates. You'll need to include the court(s) where your conviction(s) were heard, and the type of offence and sentence(s) received. You'll also need to give details of the reasons and circumstances that led to the offence(s). Continue on a separate sheet if necessary.**

DECLARATION

By signing below I confirm that the information I have given is true to the best of my knowledge. I understand that should the information I have supplied be false or inaccurate in any material way, ChaplaincyPlus reserves the right to terminate either my involvement in the recruitment process or my volunteering should I later be appointed.

I agree to provide a Basic Disclosure Check (details of how to do this will be provided) if it is part of the recruitment process for the role I have applied for. I am aware that any offer of work is conditional upon receipt of satisfactory checks, references, and confirmation of suitability by ChaplaincyPlus.

I agree to inform the person identified as my line manager (or the ChaplaincyPlus Safeguarding Lead) if I am convicted of any relevant offence, and/or if I become the subject of a police and/or a social services/ Social Work Department investigation, after I take up any role. I understand that failure to do so may lead to my immediate suspension and/or the termination of my volunteering/ employment.

Name:	Address:
Role applied for:	
Signature:	
Date:	Post code: