## Safeguarding Declaration Form

The Safeguarding Declaration Form requires your written consent and must be completed by everyone wishing to work with children and / or vulnerable adults within NWQICSS. It applies to all roles, including paid staff and volunteers.

This form is strictly confidential and, except under compulsion of law, will be seen only by those involved in the recruitment and appointment process and the NWQICSS Safeguarding officer or delegate. All forms will be kept securely.

Please note that this declaration form is to be completed prior to your appointment and will be completed in conjunction with a National Police Check and/or Blue Card working with children check (depending on your role at NWQICSS).

FULL NAME:				
DATE OF BIRTH:	A A A A A A A A A A A A A A A A A A A			
POSTAL ADDRESS:		F-5//	Λ	
POSITION IN NWQICSS	S:			
1. Have you ever been cunspent convictions and				spent and
Yes O				
No O				
If yes, please provide do	etails below			

2. Have you ever been under investigation by the Police, employer or organisation for an

offer	nce or misconduct?
Yes	
No	
If ye	s, please provide details below
3. Ai	re you or have you ever been prohibited or barred from working with children and/or erable adults?
Yes No If ye	S, please provide details below
vuln	as your conduct ever caused, or been likely to cause, significant harm to a child or erable adult? includes allegations of significant harm or allegations of risk of significant harm caused by you.
Yes No If yes	O NWOICSS s, please provide details below

## **Consent**

Owner: SG

I consent to providing the information requested in this Safeguarding Declaration Form and acknowledge that the information provided in the form is true and correct to the best of my knowledge and ability. I further understand that any matters disclosed in this Safeguarding Declaration Form may be used to consider my suitability for any proposed position with NWQICSS, whether as a paid staff member or volunteer.

