### Norwich Steiner School

Hospital Lane, Norwich, NR1 2HW, 01603 611175

**Self-disclosure form for regulated activity**

|  |  |
| --- | --- |
| Name of candidate/person: |  |
| Address with Postcode: |  |
| Telephone/Mobile No: |  |
| Date of Birth: |  |
| Gender: |  |

As the role you have applied for is a position of trust and/or may involve regulated activity, appointment is subject to satisfactory DBS checks. This may also include a barred list check depending on the nature of the role.

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.

|  |  |
| --- | --- |
| Previous name(s):  *Please include date(s) each name was used (MM/YYYY)* |  |

|  |  |
| --- | --- |
| **Have you ever been known to any Children’s Services department or Police as being a risk or potential risk to children?** | YES NO |
| 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 NO |
| If yes, please provide further information: | |
| **Have you ever been the subject of disciplinary procedures or been asked to leave employment or voluntary activity due to inappropriate behaviour towards children?** | YES NO |
| If yes, please provide further information below or on a separate sheet: |  |
| **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?**  Please refer to the DBS filtering guidance: <https://www.gov.uk/government/publications/dbs-filtering-guidance> | YES NO |
| If yes, please provide further information below or on a separate sheet: | |

**Confirmation of declaration**

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here may be processed in connection with recruitment purposes and I understand that an offer of employment may be withdrawn or disciplinary action may be taken if information is not disclosed by me and subsequently come to the school’s attention.

In accordance with the organisation’s procedures if required I agree to provide a valid criminal record certificate and consent to the school clarifying any information provided on the disclosure with the agencies providing it.

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.

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.

**Signature of candidate:**

**Print name: Date:**