

Declaration Form A

Please fill in these details before answering the questions below:

<i>Name:</i>	
<i>National Insurance number</i>	
<i>Date:</i>	

Please answer *all* of the following questions in this form by completing the relevant check box (☒). If you answer 'yes' to any of the questions you will need to complete the Risk Assessment Form that follows the Declaration.

Answering 'yes' to any of the questions below will not necessarily bar you from a registration with the NHS Professionals. This will depend on the relevance of the information you provide in respect of the nature of the position for which you are applying and the particular circumstances.

1. **Are you currently bound over, or do you have any convictions or cautions (including warnings and reprimands) which are not deemed 'protected' under the amendment to the Exceptions Order 1975*, issued by a Court or Court-Martial in the United Kingdom or in any other country?**

No Yes

*Please note that you do not need to tell us about convictions, cautions, warnings or reprimands which are deemed 'protected' under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013 - see applicant notes above.

You also are not required 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

You are reminded that, if you are registered with NHS Professionals Ltd, you have a continued responsibility to inform us immediately where you are charged with any new offence, criminal conviction or fitness to practise 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 investigation being undertaken by the NHS Counter Fraud and Security Management Services (NHS CFSMS) following allegations made against you?**

No Yes

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

No Yes

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, volunteering, office or other position previously held by you?
- No Yes
6. Have you ever been disqualified from the practise of a profession, or required to practise subject to specified limitations following fitness to practise proceedings, by a regulatory or licensing body in the United Kingdom or in any other country?
- No Yes
7. Are you currently or have you ever been the subject of any investigation or fitness to practise proceedings by any licensing or regulatory body in the United Kingdom or in any other country?
- No Yes
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
9. Are there any other matters that may be relevant to the position being applied for which might cause your reliability or suitability for employment to be called into question?
- No Yes

Please note that you are not required to disclose a protected conviction or caution as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) (England and Wales) Order 2013 or any circumstances ancillary to that protected conviction or caution - as outlined within the applicant notes above.

Sign and date your Declaration

I have read the *Guidance Notes* that relate to the Declaration and the Risk Assessment Statement. I consent to the information provided being used by NHS Professionals for the purpose of assessing my application and – where applicable - for any enquiries relating to the prevention and detection of fraud. In signing this Declaration, I am explicitly consenting that the data I have provided may be processed in the manner described in the *Guidance Notes*.

I confirm that the information that I have provided in this Declaration 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. This could also lead to my dismissal, if registered, and I could also be liable to prosecution.

Signature: _____ Date: _____

Name (in capitals): _____

Note: if you wish to withdraw your consent at any time after completing this Declaration, please call 03332 407 552 or e-mail us at riskassessment@nhsprofessionals.nhs.uk