

HR Confidential Safeguarding Self Declaration Form DBS 4

If you have a disability that may make the completion of this form difficult, it can be completed by someone on your behalf however you are required to sign and date the form.

This form can be returned in a sealed envelope.

Please state your department or parish and role:
Status of Role: Employed Voluntary Post Holder
Title: Date of Birth:
Title: Date of Birth:
Place of Birth:
Course of Full News or
Current Full Name:
State any PREVIOUS NAMES including any BIRTH NAMES if you have been MARRIED or if THE NAME YOU ARE USING IS DIFFERENT TO YOUR BIRTH NAME and provide ALL DATES YOU USED THOSE NAMES e.g. from
(dd/mm/year) to (dd/mm/year)
You must provide proof of all name changes, if you are unable to do so you must provide the ID Verifier with
<u>a satisfactory explanation</u>
I give consent for my disclosure number and date of disclosure where relevant to my role
to be shared with The Archdiocese of Liverpool HR and Communications Departments for
creating identity badges and passes as well as external stakeholders such as Catholic
Schools, Education Departments and Ofsted where necessary for them to confirm the
relevant DBS checks have been made for my role:
Signed

This form will be retained for 10 years and 1 day after the person leaves role or will be superseded by a new DBS 4 when a new application is processed, refer to document retention policy for further details

Full Address including Postcode and the date you m	ioved into your current address (dd/inin/year).
(Please provide details of previous addresses if you ha	-
additional addresses may be supplied on	another sheet of paper if necessary)
Full Address including Postcode:	Full Address including Postcode:
Dates from & to (dd/mm/year):	Dates from & to (dd/mm/year):
Home Telephone Number:	Mobile Telephone number:
Email:	National Insurance Number:
Email:	National Insurance Number:
	National Insurance Number:
Please state your CURRENT NATIONALITY:	National Insurance Number:
	National Insurance Number:
	National Insurance Number:
Please state your CURRENT NATIONALITY:	National Insurance Number:
Please state your CURRENT NATIONALITY: Please state your BIRTH NATIONALITY:	
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Please state your CURRENT NATIONALITY: Please state your BIRTH NATIONALITY: Are you registered with the ONLINE UPDATE SUBSO Yes No Don't Know	

Confidential Safeguarding Self Declaration Form DBS 4 December 2020 –To be reviewed December 2021

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_	amendments to the Rehabilitation of Offenders Act 1974, (Exceptions) Order 1975 (2013 and 2020)
pro	vide that when applying for certain jobs and activities, certain convictions and cautions are considered
ʻpro	stected'. This means that they do not need to be disclosed to employers, and if they are disclosed,
em	ployers cannot take them into account.
Que	estion 1 of 3:
Do	you have any convictions or cautions (excluding youth cautions, reprimands, or warnings) that are not
ʻpro	stected¹' as defined by the Ministry of Justice?
YES	NO If YES please provide summary details below:
Que	estion 2 of 3:
Hav	e you ever been accused of inappropriate conduct within an employed or voluntary capacity?
YES	NO If YES please provide summary details below:
Que	estion 3 of 3:
	you or have you ever been the subject of an investigation into a concern about a child in your care or
	estigated under adult protection safeguarding procedures, or are you currently subject of a police estigation?
IIIVe	estigation:
YES	NO NO
If Y	ES please provide summary details below, use additional sheets of paper if necessary.
•••••	
 Dec	laration (please read, sign & date)
 Dec	In the spirit of the Church's commitment to protect and safeguard the vulnerable in our communities, I understand
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¹Protected refers to convictions and cautions that will not be included on a DBS Disclosure Certificate. All guidance and criterion the filtering of these cautions and convictions can be found at https://www.gov.uk/government/collections/dbs-filtering-guidance