**THE DARE2DREAM FOUNDATION C.I.C.**

**Childcare Disclosure Form**

**Staff information**

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| Name & details of any previous names |  |
| Role |  |
| Address with postcode |  |
| Tel number/mobile number |  |
| Date of Birth |  |
| Gender |  |

As part of our duty to safeguard young people, and the role you have applied for involved contact with children/young people, we are required to ask whether you, or the persons you live with, have been disqualified from caring for children. You will also undergo the relevant vetting and barring checks if successful. All information you provide will be treated as confidential and managed in accordance with relevant data protection legislation and guidance. You have the legal right to access any information held about you.

Please answer the questions and sign both of the declarations below.

**Self-declaration**

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| Have you ever been known to any Children’s Services department or police as being a risk or potential risk to children? If Yes, please provide more information |  |
| Have you been the subject of any investigation and/or sanction by any organisation or body due to concerns about your behaviour towards children? If yes, please provide more information |  |
| Are you disqualified from caring for children? |  |
| Have you been barred from working in regulated activity with children? |  |
| 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 (as amended in 2013)? |  |
| Have you any unspent convictions or conditions cautions in the UK or overseas? If yes, please provide more information |  |
| Have your own children been subject to a child protection order? |  |
| Are you disqualified from private fostering? |  |
| **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here may be processed in connection with recruitment purposes and I understand that an offer of employment may be withdrawn or disciplinary action may be taken if information is not disclosed by me and subsequently come to the organisations attention.  In accordance with the organisations procedures if required, I agree to provide a valid criminal record certificate and consent to the organisation 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 within 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.  I will make the organisation aware of any changes in my circumstances, including any cautions or convictions that affect my suitability to care for children.  **Signed:............................................... Print Name: …………………………. Date: ……………..** | |

**Association Declaration**

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| To the best of your knowledge, are you living in a household where another person who has been disqualified from caring for children lives or works? |  |
| Please provide further information if you have answered ‘Yes’ to the question above.  I will make the school aware of any changes in these circumstances, and will notify the school where I become aware that a person who lives or works in my household is disqualified from caring for children.  **Signed:................................................ Print Name: ……………………… Date:.........................** | |