

## EMPLOYMENT (WORK EXPERIENCE) DECLARATION FORM B

**South Devon Healthcare and/or Torbay and Southern Devon Health and Care Trust** aims to promote equality of opportunity and is committed to treating all applicants for positions fairly and on merit regardless of race, gender, marital status, religion, disability, sexual orientation or age. We undertake not to discriminate unfairly against applicants on the basis of criminal conviction or other information declared.

Prior to making a final decision concerning your application, we shall discuss with you any information declared by you that we believe may have a bearing on your suitability for the position. If we do not raise this information with you, this is because we do not believe that it should be taken into account. In that event you still remain free, should you wish to, to discuss the matter with the interviewing panel. As part of assessing your application, we will only take into account relevant criminal record and other information declared.

The information that you provide in this declaration form will be processed in accordance with the Data Protection Act 1998. It will be used for the purpose of determining your application for this position. It will also be used for purposes of enquiries in relation to the prevention and detection of fraud.

**Please ensure that you read the ‘Guidance Notes for Applicants’ that accompanied your application form carefully before completing this declaration form.** They provide you with further and more detailed information about how your application will be processed, the persons to whom it will be disclosed and the checks that will be done to verify the information provided.

**Please answer all of the following questions.** If you answer ‘yes’ to any of the questions, please provide full details in the space indicated. Please also use the space below to provide any other information that may have a bearing on your suitability for the position for which you are applying. You may continue on a separate sheet if necessary, and you may attach supplementary comments should you wish to do so.

The position for which you have applied has not been identified as exempt under the terms of the Rehabilitation of Offenders Act 1974 (as amended). This means that you will be required to declare all current (‘unspent’) criminal convictions as part of your self-declaration. You are not required to disclose convictions which have become old (‘spent’).

Answering ‘yes’ to any of the questions below will not necessarily prevent your appointment within the NHS. This will depend on the nature of the position for which you are applying and the particular circumstances.

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**The position for which you have applied has not been identified as exempted from the Rehabilitation of Offenders Act 1974 (as amended). This means that you are only obliged to declare current (unspent) convictions.**

**You are NOT required to declare any convictions considered ‘spent’ e.g. anyone who has been convicted of a criminal offence, and received a sentence of not more than 2.5 years in prison, and have not re-offended during the rehabilitation period.**

**Answering ‘yes’ to any of the questions below will not necessarily bar you from an appointment within the NHS. This will depend on the nature of the position for which you are applying and the particular circumstances**

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1. **Are you currently bound over or do you have any current 'unspent' (recent) convictions that have been issued by a Court or Court-Martial in the United Kingdom or in any other country?**

Please note: You do not need to tell us about parking offences.

NO

YES If **YES**, please include details of the order binding you over and/or the nature of the offence, the penalty, sentence or order of the Court, and the date and place of the Court hearing.

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 If **YES**, please include details of the nature of the offence with which you are charged, date on which you were charged, and details of any on-going proceedings by a prosecuting body.

You are reminded that, if you are appointed, you have a continued responsibility to inform us immediately where you are charged of any new offence, criminal conviction, or fitness to practice 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 NHS Counter Fraud and Security Management Service (NHS CFSMS) investigation following allegations made against you?**

NO

YES If **YES**, please include details of the nature of the allegations made against you, and if known to you, any action to be taken against you by the NHS CFSMS

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

NO

YES If **YES**, please include details of the nature of the allegations made against you, and if known to you, any action to be taken against you by the Investigatory Body.

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, office or other position previously held by you?**

NO

YES If **YES**, please include details of the employment, office or position held, the date that you were dismissed and the nature of allegations of misconduct made against you

6. **Have you ever been disqualified from the practice of a profession, or required to practice subject to specified limitations following fitness to practice proceedings, by a regulatory or licensing body in the United Kingdom or in any other country?**

NO

YES If **YES**, please include details of the nature of the disqualification, limitation or restriction, the date, and the name and address of the licensing or regulatory body concerned

7. **Are you currently the subject of any investigation or fitness to practice proceedings by any licensing or regulatory body in the United Kingdom or in any other country?**

NO

YES If **YES**, please include details of the reason given for the investigation and/or proceedings undertaken, the date, details of any limitation or restriction to which you are currently subject, and the name and address of the licensing or regulatory body concerned

8. **Do you know of any other matters in your background which might cause your reliability or suitability for employment to be called into question?**

NO

YES If **YES**, please include details

If you have answered "yes" to **any** of the questions above, please use this space to provide details. Please indicate **clearly** the number(s) of the question that you are answering.

Please also use the space below to provide any other information that may have a bearing on your suitability for the position for which you are applying. You may continue on a separate sheet if necessary, and you may attach supplementary comments should you wish to do so.

**DECLARATION**

**Important:** The Data Protection Act 1998 requires us to advise you that we will be processing your personal data. Processing includes: holding, obtaining, recording, using, sharing and deleting information. The Data Protection Act 1998 defines 'sensitive personal data' as racial or ethnic origin, political opinions, religious or other beliefs, trade union membership, physical or mental health, sexual life, criminal offences, criminal convictions, criminal proceedings, disposal or sentence.

The information that you provide in this declaration form will be processed in accordance with the Data Protection Act 1998. It will be used for the purpose of determining your application for this position. It will also be used for purposes of enquiries in relation to the prevention and detection of fraud.

Once a decision has been made concerning your appointment, **South Devon Healthcare and/or Torbay and Southern Devon Health and Care Trust** will not retain this declaration form any longer than is necessary [see further details in 'Guidance Notes for Applicants']. This declaration will be kept securely and in confidence. Access to this information will be restricted to designated persons within the trust who are authorised to view it as a necessary part of their work. In signing the declaration on this form, you are explicitly consenting for the data you provide to be processed in the manner described above.

I have read the 'Guidance Notes for Applicants' that accompanied my application form, and I consent to the information provided in this declaration form being used by **South Devon Healthcare and/or Torbay and Southern Devon Health and Care Trust** for the purpose of assessing my application, and for enquiries in relation to the prevention and detection of fraud. I confirm that the information that I have provided in this declaration form 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, or if I am appointed, in my dismissal, and I may be liable to prosecution.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

NAME (in block capitals): \_\_\_\_\_

*If you wish to withdraw your consent at any time after completing this declaration form or you have any enquiries relating to information required in this form, please contact **Elizabeth Thomas 01803 656768**.  
All enquiries will be treated in strict confidence.*