

CONFIDENTIAL DECLARATION FORM

We are very aware of the sensitive and confidential nature of the information contained in this document and wish to assure you that it will be treated in the utmost confidence and handled strictly according to our Policy on Secure Storage, Handling, Retention and Disposal of Disclosures Information.

It will be seen **only by** the Diocesan Registered Person who applies for the Access N.I. Enhanced Disclosure check.

You have applied for a role, which is a Regulated Activity, as defined by the Safeguarding Vulnerable Groups (N.I.) Order 2007 and also falls within the definition of an "excepted" position as provided by the Rehabilitation of Offenders (Exceptions) Order (N.I.) 1979, therefore ALL convictions including SPENT convictions MUST be disclosed.

Having a criminal record will not necessarily bar you from working within the Catholic community. This will depend on the nature of the position and the circumstances and background of your offences. This information will be verified through an AccessNI Enhanced Disclosure.

Please complete below:

1. Surname: _____
(Block Capitals)
2. All Forenames: _____
(Block Capitals)
3. Date of Birth ____/____/____
4. Male/Female: _____
5. Place of Birth (Town/County and Country) _____
6. Present Address _____

Post Code: _____
7. Contact Details: Tel. No. _____
Email: _____

Role you have applied for: _____
(please specify your **exact role**, the word "**VOLUNTEER**" is not acceptable)

Please state the Parish who has asked you to take up this role: _____

Please state Diocese: Archdiocese of Armagh

PLEASE TURN OVER 

The purpose of the following questions is solely to assess whether you pose a risk to Children and/or Vulnerable Adults. If, for any reason, you answer YES to these questions, it may not automatically rule you out of the selection process. You will have the opportunity to fully discuss the circumstances with us at a face to face meeting in a confidential manner.

8. Have you ever been convicted, or received an official caution for a criminal offence, **other than minor road traffic offences?** Please tick the “Yes or No” box, it is not acceptable to state N/A

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If Yes, please give details below: (continue on a separate sheet if necessary)

Date of Conviction	Offence	Sentence

9. Have you ever been or are you the subject of an investigation due to concerns about the treatment of Children/Vulnerable Adults?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If Yes, please give details below: (continue on a separate sheet if necessary)

10. Are you the subject of any possible pending prosecutions, **other than minor road traffic offences?**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If Yes, please give details below: (continue on a separate sheet if necessary)

Declaration:

Please tick the boxes below if you have read and understood these statements

(Please note: if you DO NOT TICK THE BOXES that you have understood the declaration, your application will not progress)

I am committed to protecting and safeguarding children, young people and vulnerable adults from abuse.	<input type="checkbox"/>
I understand that I will be working closely with children and/or vulnerable adults and that a “Barred List check” is required. I understand that it is a criminal offence to apply for an Enhanced Disclosure check if I am on one of the barred lists. I give my consent to proceed with a Barred List check.	<input type="checkbox"/>
I understand that to knowingly give false information or to omit information will be considered as a breach of trust.	<input type="checkbox"/>
I understand that my confidential documentation will be retained for 90 days after the certificate has been issued. After that period all documentation will be destroyed.	<input type="checkbox"/>
The information I have given on this form is correct.	<input type="checkbox"/>

Applicant’s signature: _____ Date: _____

Applicant’s name: _____ (please print block capitals)

Note to Applicant: Please complete this form, place in an envelope and seal. When completed attach it to the completed ID Verification Form and ID photocopies and forward to:

**The Registered Person
Catholic Church Northern Dioceses Vetting Office
120 Cliftonville Road
Belfast, BT14 6LA
Tel: 028 9049 2783, Email: vetting@soddc.org**

Data Protection: This form will be securely held by the Catholic Church Northern Diocese Vetting Office and will be treated as strictly confidential, in accordance with the Data Protection Act 2018, the Down and Connor Privacy Notice and governed by Access NI’s Code of Practice and Privacy Notice, which can be found at: <http://www.downandconnorsafeguarding.com/privacy-notices/>
<https://www.nidirect.gov.uk/publications/accessni-code-practice> <https://www.justice-ni.gov.uk/publications/ani-privacy>