

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.

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 Access N.I. 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: _____

Note to Applicant: Ensure that this form is completed in a confidential place, sealed and attached to the ID Verification Form. Both these forms must be forwarded to:

**The Registered Person
Catholic Church Northern Dioceses Vetting Office
120 Cliftonville Road
Belfast
BT14 6LA**

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

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 a criminal investigation involving sexual offences or child abuse other than as the victim?

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)

<u>Declaration</u>	Please tick boxes below if you have read and understood these statements (Please note: if you do not tick 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"/>

Role you have applied for: _____

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

Please state DIOCESE: Archdiocese of Armagh

Applicant’s signature: _____ Date: _____

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