



Statement of Criminal Offences/Fitness to Practice Declaration

In Confidence

1. Have you been:
 - a) Convicted of a Criminal Offence YES/NO
 - b) Bound over YES/NO
 - c) Cautioned YES/NO

2. Are you currently the subject of any Police Investigation, which might lead to a conviction, an order binding you over or a caution in the UK or any other country? YES/NO

NOTE: Persons working in the Health and Personal Social Services are exempt from the Rehabilitation of Offenders (Northern Ireland) Order 1978. You are required to declare prosecutions or convictions, including those “spent” under this Act.

If yes, please provide details of the Criminal Offence, order binding you over or caution or details of any current proceedings which might lead to a conviction, an order binding you over or a caution, including the approximate date, the offence, and the authority and country which dealt with the offence.

3. Have you or are you currently subject to any fitness to practice proceedings by an appropriate licensing or regulatory body in the UK or any other country? YES/NO

If yes, please provide the details of the nature of proceedings undertaken, or contemplated, including the approximate date of proceedings, the country where proceedings were undertaken and the name of the licensing or regulatory body concerned.

Please state all previous addresses (to include a minimum of the last 5 years)
If necessary, please continue on a separate sheet.

1.	_____	2.	_____
	_____		_____
	_____		_____
	_____		_____
	_____		_____
3.	_____	4.	_____
	_____		_____
	_____		_____
	_____		_____
	_____		_____

I hereby declare that the information given here is true. (BLOCK CAPTIALS)

First Name _____ Last Name _____

Maiden Name _____ National Insurance No. _____

Date of Birth _____ Place of Birth _____

Signature _____ Date _____

Home Address _____

_____ Postcode _____