

## Cardiff and Vale University LHB - Applicant Declaration Form

Please ensure that you complete this form as truthfully and accurately as possible, giving all the required information, and return it with your application form.

1. Are you currently bound over or have you ever been convicted of any offence by a Court or court-martial in the United Kingdom or in any other country?

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 ever received a police caution, reprimand or final warning?

NO

YES

If **YES**, please include details of the caution, reprimand or final warning, including the date and reason administered.

3. Have you been charged with any offence in the United Kingdom or in any other country that has not yet been disposed of?

Please note: you must inform us immediately if you are charged with any offence in the United Kingdom or in any other country after you complete this form and before taking up any position offered to you. You do not need to tell us if you are charged with a parking offence.

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.

4. Are you aware of any current police investigations in the United Kingdom or in any other country 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 police.

5. Are you aware of any current NHS Counter Fraud and Security Management Service 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 CFMS.

6. Have you ever been investigated by the Police, CFSMS or any other Investigatory Body resulting in a caution, conviction or dismissal from your employment? (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 Services Authority, Banks and Building Societies, General, Life Insurance Companies – this list is not exhaustive, and you must declare any investigation conducted by an Investigatory Body).

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.

7. 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.

8. Have you ever been disqualified from the practice of a profession, or required to practise subject to specified limitations following fitness to practise proceedings, by a regulatory or licensing body in the United Kingdom or 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.

9. Are you currently the subject of any investigation or fitness to practise 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.

10. Are you subject to any other prohibition, limitation, or restriction that means we are unable to consider you for the position for which you are applying?

NO

YES

If **YES**, please include details of the nature of the prohibition, restriction, or limitation, when and by whom it was made.

If you have answered "**YES**" to **any** of the questions above and need more room to answer, please use this space to provide details. Please include **clearly** the number(s) of the question that you are answering.

**DECLARATION**

I confirm that the information that I have provided in this Declaration Form is correct and complete.

PRINT SURNAME \_\_\_\_\_ INITIALS \_\_\_\_\_

SIGNATURE ..... DATE .....

Note: if you wish to withdraw your consent at any time after completing this Declaration Form, please contact **Medical Workforce Department on 029 2074 2957**