

A: EMPLOYEE PERSONAL DETAILS			
Surname:		First Name:	
Date of Birth:		JOB POSITION:	
Contracted Hrs/ wk		Start Date:	

B: DECLARATION OF SUITABILITY			
Question	NO	YES	
		Dates	Details
Have you ever had a Criminal Records Bureau check that suggests that you are unsuitable to work with vulnerable persons?			
Have you ever been disqualified or prevented from being a Care Service Provider?			
Have you ever been disqualified from any registration involved, either directly or indirectly, in the provision of a Care Service?			
Have you ever been involved as owner or manager of a Domiciliary Care Service whose registration was refused or cancelled?			
Have you ever had a financial interest in a Domiciliary Care Service whose registration was refused or cancelled?			
Have you ever been referred to the <i>Adults Barred List, Children's Barred List</i> , or previous lists (SOCA etc)?			
Have you ever had registration as a Care Service Provider refused or cancelled?			
(For non-UK citizens) - Do you possess the appropriate documentation that confirms your Right to Work in the U.K.?			

I confirm that the answers to these questions are true and accurate to the best of my belief and knowledge.
I also understand that it is my responsibility to declare any offences or orders which may affect my continued suitability to care for vulnerable persons.

Signature: _____ Full Name (PRINT): _____ Date: _____