

Declaration of Good Character (Part 2)

Active Essex Recruitment Declaration Form

Declaration Form	
Position Applied For:	
Organisation:	
SECTION A	
Contact Details	
Surname:	
First Name:	
Address:	
Postcode:	
Mobile Number:	
Home Number:	
Work Number:	
Email:	
Recruitment and Selection Process	
Can you attend the specified meeting dates?	Yes/ No
If No, please specify your availability	
How did you hear about this opportunity?	
Rehabilitation of Offenders Act 1974	
<p>Active Essex is committed to recruiting professionals from all areas of the community including offenders and ex-offenders.</p> <p>The Rehabilitation of Offenders Act 1974 requires us to ask if you have any ‘unspent’ convictions. The information you provide will be treated in the strictest confidence and only be taken into account where, in the reasonable opinion of Active Essex, the offense is relevant to the post in which you are applying. All disclosures will not be revealed to others except the client organisation, if appropriate. If you inadvertently disclose a conviction regarded as ‘spent’ it will be ignored.</p> <p>Under the Exception Order 1995, certain types of employment and professions are exempt from the Rehabilitation of Offenders Act 1974 and in cases for example where the employment sought involves working with children or vulnerable adults, details of criminal convictions – both spent and unspent – must be disclosed to us.</p> <p>Failure to declare a conviction may result in your exclusion from our register and/or termination of any assignment if the offence is not declared but later comes in light.</p> <p>A spent conviction will show on your criminal record, but we will not take it into account when considering your application unless the post is considered exempt under the Act. All posts that require DBS disclosure will be exempt under the Act and will require you to disclose spend and unspent convictions.</p>	
Do you have any unspent criminal convictions or spent convictions covered by the Exception Order 1995?	Yes/ No
If yes, please provide details on a separate sheet marked ‘Confidential’, and submit with this form	

--

References

Please provide the full contact details of two referees who have known you in a professional and/or Board capacity ideally spanning at least the last 2 years. Please note that references will not be taken up unless you have been successful. We will notify you when we intend to take up references.

	Referee 1	Referee 2
Full Name:		
Position:		
Organisation:		
Relation to you:		
Address:		
City:		
Postcode:		
Work Number:		
Mobile Number:		
Email Address:		
Prior Consent Required?	Yes/ No	Yes/ No

Declaration of Interest

Are you known or related to any Board Members/ Trustees/ Councillor or Employee of the client organisation?	Yes/ No
---	---------

If Yes, please give further details

Do you have any interest that may relate to the work of the client organisation – be it Employment, Contracts, Positions of Responsibility, Directorships etc. and any Financial Interest, through you or a Partner or Close Relation?	Yes/ No
--	---------

If Yes, please give further details

--	--

Declaration

- I hereby confirm that the information given is true and correct and to my personal data and CV being forwarded to clients
- I consent to references and relevant convictions being passed onto potential employers
- I understand that any offer is conditional upon the accuracy of this information and any false or misleading information, as well as withholding relevant information, may lead to my application being disqualified, the withdrawal of an offer or, if I have been appointed, to my dismissal
- I understand that social media vetting may take place

Name	Signature	Date
------	-----------	------

SECTION B

The information provided in this section of the form is not mandatory nor is it used to select applicant for posts. All applicants are judged only on their ability to undertake the post for which they are applying. The information that you provide will be kept secure and separate from your application.

Personal Information			
Age		Gender	Choose an item.
Marital Status	Choose an item.	Ethnic Origin	Choose an item.
Religious Belief	Choose an item.	Sexual Orientation	Choose an item.
Disability			
Do you consider yourself to have a physical or mental impairment that has a substantial and long-term adverse effect, on the ability to carry out normal day-to-day activities?			Yes/ No
If Yes, please give further details			
Please inform us of any specific arrangements you require for the interview			