**Work Experience Self Declaration Form**

Before you can be considered for a placement with The Shrewsbury and Telford Hospital NHS Trust, we need to be satisfied about your character and suitability for work experience. Please read the following notes carefully before completing this declaration form. All declarations will be treated in strict confidence.

We do not aim to discriminate against applicants with criminal convictions or other information that is declared. Prior to making a final decision regarding your application, we will discuss with you any information that has been declared that we believe may adversely affect your suitability for a placement.

Please answer all of the following questions. If you answer ‘Yes’ to any of the questions, please provide full details in the space provided. Also use the space below to provide any other information that may have a bearing on your application. You may continue on a separate sheet if necessary, and you may attach supplementary information should you wish to do so. If in doubt, please include the item or contact the Widening Participation team.

**Please ensure that your name is added to the bottom of each page of this document.**

**The placement which you are applying for is exempt from the Rehabilitation of Offenders Act 1974. This means that you must declare all juvenile or adult convictions, cautions, reprimands or warnings - including those that would otherwise be considered ‘spent’.**

* **Prison sentences**

• **Dismissal from Her Majesty’s service**

• **Detention in youth custody / young offender detention**

• **Disciplinary proceedings**

• **Fines (but not parking offences)**

• **Probation order or community order**

• **Absolute / Conditional discharge**

• **Binding over (including Cautions), care order, supervision order and reception order**

• **Disqualifications**

1. Are you currently bound over, or have you ever (as a juvenile or an adult) been convicted of any offence by a Court or Court-Martial in the United Kingdom or in any other country? (You **do** need to tell us about driving offences but **do not** need to tell us about parking offences).

NO YES *(please delete as appropriate)*

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.

1. Have you ever (as a juvenile or an adult) received a police caution, reprimand or final warning, ‘spent’ or otherwise?

NO YES *(please delete as appropriate)*

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

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

NO YES *(please delete as appropriate)*

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.

4. Are you aware of any current police investigation in the United Kingdom or in any other country following allegations made against you?

NO YES *(please delete as appropriate)*

|  |
| --- |
| 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 (CFSMS) investigation following allegations made against you?

NO YES *(please delete as appropriate)*

|  |
| --- |
| 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 CFSMS. |

**Declaration**

The information that you provide in this Declaration Form will be processed in accordance with the Data Protection Act 1998. It will be used for the purpose of determining your application for this placement. It will also be used for purposes of enquiries in relation to the prevention and detection of fraud.

This declaration will be kept securely and in confidence. Access to this information will be restricted to designated persons within the trust who are authorised to view it as a necessary part of their work.

**Please sign and date this form.**

I consent to the information provided in this Self Declaration Form being used by The Shrewsbury and Telford Hospital NHS Trust for the purpose of assessing my suitability for my application, and for enquiries in relation to the prevention and detection of fraud.

I confirm that the information that I have provided in this Self Declaration Form is correct and complete. I understand and accept that if I knowingly withhold information, or provide false or misleading information, this may lead to the application being rejected or if I’m placed, in my dismissal.

Applicant’s signature: …………………………………………………. Date:………..

Print Name of Parent or Guardian (if applicant under 18): …………………………………

Date: ……..……….

If any of the above circumstances change from the time of completing the form to the time of placement you must inform us straight away. If you wish to withdraw your consent at any time after completing this Declaration Form, please contact the Widening Participation team on 01952 641222 ext 4828.

**Please return the completed form along with your work experience application form.**