

**Active Essex Board Member Declaration Form**

**CONTACT DETAILS**

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| First Name |  |
| Surname |  |
| Address |  |
| Contact Number |  |
| Email Address |  |

**REHABILITATION OF OFFENDERS ACT 1974**

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| Active Essex is committed to recruiting professionals from all areas of the community including offenders who have not been reconvicted if any serious offence for periods of years. 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 offence is relevant to the post in which you hold. 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.  Under the Exception Order 1995, certain types of employment and professionals 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.  **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 to light.**  A spent conviction will show on your criminal record, but we will not take it into account when considering you 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 spent and unspent convictions. | |
| Do you have any unspent criminal convictions, or spent convictions covered by the Exception Order 1995 |  |
| If yes, please provide details on a separate sheet marked *confidential* and submit it with this form. | |

**DISABILITY**

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| 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? |  |
| If yes please give further details, along with any reasonable adjustments you may require. | |

**DECLARATION OF INTEREST**

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| Are you known or related to any other board member/ trustee/ councillor/ employee of the organisation? |  |
| If yes, please give further details | |
| Do you have any interest that may relate to the work of the organisation – be it employment, contracts, Positions or Responsibility, Directorship etc, and any financial interest through you, a partner or a close relation? |  |
| If yes, please give further details | |

**DECLARATION**

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| * I hereby confirm that the information is true and correct * I understand that social vetting may take place |

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| Name: | Signature: | Date: |