

Self - Declaration Form

Confidential

Declaration from all staff members and representatives who are working with or have access to children or vulnerable people.*

Have you ever been convicted of a criminal offence or been the subject of a caution?

Yes

No

If Yes, please state below the nature and date of the offence

Full Name : _____

Any surname previously known by : _____

Current Address : _____

Postcode : _____

Date of Birth : _____

Place of Birth : _____

Declaration:

I understand that, if it is found that I have withheld information or included any false or misleading information above, I will be disqualified from appointment, or if already appointed, this will render me liable for dismissal without notice. I understand that this information will be kept securely by Tearfund

I hereby declare that the information I have provided above, is accurate

Signed : _____

Date : _____

*Please refer to Tearfund's Safeguarding Policy for an explanation of this terminology.