

Ongoing suitability of staff - Staff Declaration

We recommend this form is completed by new staff when they commence employment (including regular volunteers and students) and completed by all staff on an annual basis.

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| Staff member name |  |
| Setting |  |

Please answer the questions and sign the declaration below to demonstrate that you are safe to work with children. If there are any aspects of the declaration that you are not able to meet, you should disclose this immediately to the manager/senior responsible for your recruitment.

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| Please circle yes or no against each question |

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| Have you been cautioned, subject to a court order, bound over, received a reprimand or warning or found guilty of committing any offence since the date of your most recent enhanced DBS disclosure? | Yes/No |
| Have you been cautioned, subject to a court order, bound over, received a reprimand or warning or found guilty of committing any offence either before or during your employment at this setting? | Yes/No |

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| Are you disqualified from caring for children or included on the Children’s Barred List? Please answer the questions below |

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| Have you been convicted of an offence against a child (for example murder, kidnapping, rape, indecent assault, assault causing actual bodily harm etc)? | Yes/No |
| Are you included on the barred list of persons considered unsuitable to work with children, which is held by the Disqualification and Barring Service (DBS)? | Yes/No |
| Have you been made the subject of an order where a child has been removed from your care or prevented from living with you? | Yes/No |
| Have you been refused registration as a childminder, foster parent, nursery owner or children’s home provider, or had your registration cancelled? | Yes/No |
| Have any of your own children been subject to a child protection plan whilst in your care? | Yes/No |
| Have you been questioned by the police or social services in relation to yourself, a family member or your care of your own children? | Yes/No |

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| Please answer these questions regarding any medical conditions that could affect your ability to care for children |

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| Do you struggle to lift, carry and move around children or resources or have any other physical difficulties that may affect you caring for children? | Yes/No |
| Are you suffering from any ongoing medical conditions or mental health issues, or are there any current investigations underway in relation to your health that could affect your ability to care for children? | Yes/No |
| Are you taking any medication on a regular basis or any other substances (alcohol/drugs) that could affect your ability to care for children or that your manager needs to know about? | Yes/No |

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| If you have answered yes to any of the questions, please provide further information below, including, where possible, the names of any professionals who may need to be contacted (hospital consultant, GP, social worker etc) |
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| Other information required |
| Please provide information of any volunteering or other work (either paid or unpaid) that you currently undertake (include role, name of employer/ organisation, address) |
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| All staff should now sign the declaration below |
| * I understand that if I fail to provide a true and accurate information on this form, and disclose all information regarding my suitability to care for children, that my employee may have the right to terminate my employment, subject to my contract of employment * I understand my responsibility to safeguard children and am aware that I must notify my manager of anything that may affect my suitability as soon as possible (for example, concerns raised about my ability to protect my own children, being interviewed by a social worker regarding something in my personal life, any investigations in relation to paid, voluntary or unpaid work * I will ensure I notify my employer of any convictions, cautions, court orders, reprimands, warnings or formal interviews with the police I may receive * I am aware that if I am taking medication on a regular basis that may affect my suitability that I must notify my employer, and that I must keep the medication in a safe place whilst at work and out of reach of children * I will ensure I notify my manager if I experience any health concerns which could impact upon my ability to work with children |
| Staff member signature  Date |
| Manager signature  Date |

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| Follow on action – management/owner/registered person. This section should be completed by the manager/owner/registered person where follow-up action is necessary |
| If staff member states ‘yes’ on the form, the manager/owner/registered person must:  Ask the member of staff to provide additional information in writing or as part of an interview. They should then decide:   * whether a risk assessment needs to be put in place and/or * whether further information is required and who from and/or * whether the member of staff should be suspended, and/or * whether to evoke disciplinary procedures, and/or * whether to notify other agencies |
| Please record follow-on action including any referrals made or references sent for staff member (insert name) |
| Follow on action |
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| Risk Assessment |
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| Headteacher/ Manager  Signature  Date action taken |

**I am signing to confirm that what is documented above is still correct and there are no changes to what is recorded.**

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| Staff Member | Manager | Date |
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