



## Private Provider Criminal Record questionnaire

### How will my information be used?

The information that you provide in this declaration form will be processed in accordance with the Data Protection Act 1998. The information will be used for the purpose of determining your application for a PIN request and also for purposes of enquiries in relation to the prevention and detection of fraud.

If you have declared any information relating to criminal convictions or other such offences, we will consider the following:

- The relevancy of the conviction/offence to the position being applied for.
- The seriousness of the offence(s).
- Your age when you committed the offence(s).
- The length of time since the offence(s) occurred.
- If there is a pattern of offending behaviour.
- The circumstances surrounding the offence(s).
- Any evidence you provide to demonstrate that your circumstances have changed since the offending behaviour.

It is important to be aware, that the failure to disclose all spent and unspent convictions which you are legally obliged to declare i.e. those that are not protected by Exceptions Order of the Rehabilitation of Offenders Act (as amended in England and Wales), could result in removal from working on the South Central Ambulance Service contract.



## Private Provider Criminal Record questionnaire

**Before completing this form, it is important to note the following points:**

1. You must answer all the questions in this form.
2. Before ticking yes or no please ensure that you read the explanatory notes which are provided underneath each of the questions. These notes are intended to guide you in determining what additional information you will be required to provide to support your answers.
3. If you answer yes to any of the questions please use the space provided to include any relevant information about your suitability for the position you are applying for.
4. If you would like any additional supplementary evidence, in support of your application, to be considered please ensure it is attached or uploaded with this form when you return it.
5. You are not required to disclose information about parking offences.

Applicant details		
Full name (in block capitals)		Contact details
Role applied for		
<b>1. Are you currently bound over, or have you ever been <u>convicted of any offence by a Court or Court-Martial in the United Kingdom or in any other country?</u></b>		Yes No
You should tick no, if any convictions are protected (or filtered out) by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) 2013.		
If you have ticked yes, please provide details of the order binding you over and/or the nature of the offence, penalty, sentence or order of the Court, the date and place of the Court hearing.		
<b>2. Have you ever received a <u>police caution, reprimand or final warning in the United Kingdom or in any other country?</u></b>		Yes No
You should tick no, if any cautions, reprimands or final warnings are protected (or filtered out) by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) 2013.		
If you have ticked yes, please provide details of the caution, reprimand or final warning, including the date and reason administered.		



<b>3. Have you been charged with any offence in the United Kingdom or in any other country that has not yet been disposed of?</b>	Yes	No
Please note that you <u>must</u> inform us immediately if you are charged with any offence in the United Kingdom or in any other country <u>after</u> you complete this form and <u>before</u> taking up any position offered to you.		
If you have ticked yes, please provide 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 body.		
<b>4. Are you aware of any current investigations being undertaken by the police following allegations being made against you in the United Kingdom or in any other country?</b>	Yes	No
If you have ticked yes, please provide 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.		
Please note that we will only take into account any current investigations which might be relevant to the position you are applying for.		
<b>5. Have you ever been investigated by the NHS Business Services Authority (formerly NHS Counter Fraud and Security Management Services) or any other investigatory body resulting in a current or past conviction or any formal action being taken against you?</b>	Yes	No
If you have ticked yes, please provide details of the offence, including any dates.		
<b>Investigatory bodies</b> may include:  HM Revenue & Customs, the Financial Services Authority, Department for Business, Energy and Industrial Strategy (formerly the Department of Trade & Industry), Department of Work and Pensions, Home Office, UK Visas and Immigration and local authorities.  This list is intended as a guide only <u>you must</u> declare any investigation conducted by an investigatory body.		
<b>6. Have you ever been dismissed by reason of misconduct from any employment, volunteering, office, or other position previously held by you?</b>	Yes	No
If you have ticked yes, please provide details of the employment, volunteering, office, or other position held, the date that you were dismissed and the nature of allegations of misconduct made against you.		



<b>7. Are you currently subject to a fitness to practise investigation and/or proceedings of any nature by a regulatory or licensing body in the UK or in any other country?</b>	Yes	No
If you have ticked yes, please provide the reasons given for the investigation and, where applicable, the details of any warnings, conditions or sanctions (including limitations, suspension or any other restrictions) that apply to your professional registration and, the name and address of the regulatory or licensing body concerned.		
<b>8. Have you ever been removed from the register, or have conditions or sanctions been placed on your registration, or have you been issued with a warning by a regulatory or licensing body in the UK or in any other country?</b>	Yes	No
If you have ticked yes, please provide details of any conditions or sanctions (including limitations, suspension or any other restrictions) that apply to your registration and/or any warnings issued, where relevant and, the name and address of the regulatory or licensing body concerned.		
<b>9. Are you subject to any other prohibition, limitation, or restriction that means we are/or may be unable to consider your application for a pin to be issued?</b>	Yes	No
If you have ticked yes, please include details of the nature of the prohibition, restriction or limitation and by whom it was made.		



**Continuation sheet:**

If you have answered yes to any of the questions above, please use the space below to provide any additional information you wish us to consider as part of your application. You may continue on a separate sheet or attach any additional evidence, if you wish to do so.

Please clearly indicate the number of the question to which the information relates.



## Private Provider Criminal Record Declaration

### IMPORTANT

The Data Protection Act 1998 requires us to advise you that we will be processing your personal data. Processing includes: holding, obtaining, recording, using, sharing and deleting information.

The Act defines 'sensitive personal data' as racial or ethnic origin, political opinions, religious or other beliefs, trade union membership, physical or mental health, sexual life, criminal offences, criminal convictions, criminal proceedings, disposal or sentence.

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. It will also be used for purposes of enquiries in relation to the prevention and detection of fraud.

Access to this information will be restricted to designated persons within the organisation who are authorised to view it as a necessary part of their work.

**In signing the declaration on this form, you are explicitly consenting for the data you provide to be processed in the manner described above.**

I confirm that the information that I have provided in this declaration form is correct and complete. I understand and accept that if I knowingly withhold information, or provide false or misleading information, this may result in my application being rejected, and I may be liable to prosecution.

Please sign and date this form.

Full name (in block capitals)		Signature	
Date			