This form is to be completed by all new staff when they commence employment (including regular volunteers and students) AND completed by all staff on at least an annual basis.

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| --- | --- |
| Name: |  |
| It is an expectation that employees must inform the Management team where their relationship and association both inside and out the nursery environment may have implications of the Safeguarding of the children.Please consider the points below which are some of the things that may affect your suitability and sign the declaration to demonstrate your understanding and belief 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.* Any disclosure relating to being 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
* Disqualified for Caring for Children’
* Committed any offences against a child
* Committed any offences against an adult (e.g. rape, murder, indecent assault, actual bodily harm etc)
* Information relating to your suitability to care for your own children
* Any medical conditions that could affect your ability to care for children

I understand my responsibility to safeguard children and am aware that I must notify my manager of anything that may affect my suitability.I am aware that if I am taking medication on a regular basis I must notify my employer, and must keep the medication in a safe place, 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.I give permission for you to contact any previous settings, local authority staff, the police, the DBS, or any medical professionals to share information about my suitability to care for children.**Data Protection Statement**By signing this form, we will be assuming that you agree to the processing of your personal data, in accordance with our registration with the Information Commissioner’s Office (ICO). If you would like further information, please read our Data Protection policy.  |
| **Declaration**I declare to the best of my knowledge and belief, all particulars I have given in all parts of this form are complete and true. I understand that any false declaration or misleading statement or a significant omission may disqualify me from employment and render me liable to dismissal. Tick the box to acknowledge your understanding of, and agreement with, the Data Protection Statement and Declaration above  |
| **Signed:** |  | **Date:** |  |
|  |
| **For Office Use**Reviewing Managers name:Reviewing Managers Signature:Date Reviewed:This form must be kept within the staff member’s personnel file. |

Signed Employee: …………………………….

Signed Investigating Officer: ……………………