**Tweeddale Youth Action**

**SELF DECLARATION FORM – Regulated Work Position - Private & Confidential**

The post that you have applied for is exempt from the Rehabilitation of Offenders Act 1974 by the Exclusions and Exceptions Scotland Order 2003 and the Police Act 1997 (Criminal Records) (Scotland) Regulations 2006. You are therefore required to disclose all convictions (spent and unspent), cautions, and any relevant non-conviction information.

Should you be appointed for the position applied for you will also be required to join the Protecting Vulnerable Groups (PVG) Scheme or provide us with access to your PVG Scheme Record/Updates, if you are already a member of the scheme.

**If you are a PVG Scheme Member, please tick the box to show that you have shown your current PVG Scheme Record to David Hodson, Manager. The SDF should be completed with information acquired after your current PVG Scheme Record.** 

**Section 1 – Convictions and cautions**

1. Please give the date and details of the conviction(s) that you were charged with, the sentence that you received and the court where your conviction(s) was heard.
2. Please give details of the reasons and circumstances that lead to your offence(s)
3. Please give details of how you completed the sentence imposed, (for example did you pay your fine as required, what conditions were attached to your probation/community service/supervised attendance order, did you comply with the requirements of your order/custodial sentence etc.)
4. Has any other organisation(s) supported you to work through any of the above issues
5. What have you learned from the experience?

**Section 2** : Please give details of any **non-conviction information** that you think is relevant:

**Declaration:** I certify that all information contained in this form is true and correct to the best of my knowledge and realise that false information or omissions may lead to dismissal

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GROUP NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTE: The information given in this form will be treated in the strictest confidence. Please seal this form in the addressed envelope provided and return to David Hodson**

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TYA SELF DECLARATION FORM

Adopted date Review date