

## **CONFIDENTIAL WHEN COMPLETE**

## DBS Risk Assessment: <u>Supporting Personal Statement Form</u> <u>To be completed by the Applicant</u>

Full Name of Applicant:									
Address of Applicant:									
D.O.B of Applicant:				Job Title:					
Perspective Employer:				Directorate/Team:					
Please answer the following questions regarding your positive DBS disclosure:									
When was the conviction? (please provide a date for all convictions/cautions/reprimands and for all offences within in each conviction)		w many ences are re?	(I	What is the nature of the offence(s)? please describe all convictions/cautions/reprimands and all offences within each conviction)	time of the	ow old were you at the me of the offence(s)? lease provide your age for all invictions/cautions/reprimands)			
1.									
2.									
3.									
4.									
What employment/job role were you in at the time of the offence(s)? What did this job role(s) involve, please include the name of the employer and the nature the business (e.g. Marks & Spencer, Retail), you were working for at the time of offence (please provide for all convictions/cautions/reprimands)									
What job role(s) have you been employed in since your last conviction? What did this job role(s) involve, please include the name(s) of the employer(s) and the nature of the business (e.g. Marks & Spencer, Retail) you have been working for?									



Have you ever been b	parred from working with Children or Adults? Yes/No							
If Yes – please provid	de details of the conviction(s) which resulted in, you being barre	ed:						
As your DBS disclosure contains information the Council needs to assess whether the nature of your offences creates or continues to create a risk for the service users you will be working with. To enable us to make this assessment please use the space below to provide as much information as possible about your conviction(s)/caution(s)/reprimand(s) and any circumstances and/or environment that impacted on the offence(s) being committed.								
Additionally, please a	Iso include information/evidence on how you have changed, ar	nd sustai	ned					
these changes, since your last conviction?								
Please note that if you fail to share all relevant information the Council reserves the right to								
withdraw any offer of employment. If you need more space or would like to make any other comments, please attach a separate sheet.								
Signed:	Dar	te:						
Name:								