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[www.whitelodgecentre.co.uk](http://www.whitelodgecentre.co.uk)  
Reg Charity no: 286238

### Safeguarding Declaration form

This form is to be completed by all applicants and volunteers before commencement of employment. Existing staff to complete/review annually alongside appraisal. To be sent to staff with appraisal preparation form.

Name:

Job title:

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 your line manager.

Please circle yes or no against each bullet point below:

| <b>Questions relating to you:</b>  |        |
|--|--------|
| Are you 'Disqualified from Caring for Children' for example:   |        |
| • Have you been cautioned or convicted of any offences against a child?  | YES/NO |
| • Have you been cautioned or convicted of any violent or sexual offences against an adult?   | YES/NO |
| • Have you been barred from working with children/adults by the Disclosure and Barring Service (DBS)?  | YES/NO |
| • Have your children been taken into care?   | YES/NO |
| • Have or are your children the subject of a child protection order?   | YES/NO |
| • Has a court order been made in respect of a child under your care?   | YES/NO |
| • Have you been refused registration or had registration cancelled in relation to childcare or a children's home or have you been disqualified from private fostering? | YES/NO |

If you have answered YES to any of the questions above, please provide further information below:

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I understand my responsibility to safeguard children and am aware that I must notify my line manager of anything that may affect my safeguarding or that of anyone living in my household.

I will ensure I notify my line manager immediately of any changes to my situation or that of anyone living in my household.





I am aware that if I am taking medication which could impact on my work, I must notify my line manager and must keep the medication in a safe place, out of the reach of children.

I will ensure that I notify my line 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 safeguarding to care for children.

I confirm that the information provided is correct to the best of my knowledge.

Signed.....Date.....

(Name in Block Capitals).....

Coordinator /Manager (Signature).....Date.....

*Record of follow-on action taken, where relevant*

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Signed..... Date Action Taken.....

Review Dates.....