

Engaging Communities Solutions CIC (ECS)

Self-Declaration Form

All information you provide will be treated as confidential and managed in accordance with relevant data protection legislation and guidance.

Part one

<i>For completion by the applicant:</i>	
Name	
Address and Postcode	
Telephone number	
Date of birth	
Gender	Male / Female
<i>For completion by the organisation:</i>	
<i>Identification (tick box below):</i>	
<input type="checkbox"/>	I confirm that I have seen identification documents relating to this person, and I confirm to the best of my ability that these are accurate.
<i>Either</i>	
UK Passport Number and Issuing Office	
UK Driving License Number (<i>with picture</i>)	
<i>PLUS</i>	
National Insurance Card or current work permit number	
Signature of authorised Employing Officer:	
Print Name:	
Date:	

Part Two

NOTE:

E| contactus@weareecs.co.uk

W| <https://www.weareecs.co.uk/contact-us>



If the role you have applied for involves regular contact with, or responsibility for children, young people or vulnerable adults will also be required to provide a valid DBS (Disclosure and Barring Service) certificate.

<i>For completion by the individual (named in Part One):</i>	
Have you ever been known to any services as being a risk or potential risk to children, young people or vulnerable adults.	Yes / No <i>(If Yes, please provide further information below):</i>
Have you been the subject of any disciplinary investigation and / or sanction by any organization due to concerns about your behaviour towards children, young people or vulnerable adults.	Yes / No <i>(If Yes, please provide further information below):</i>
Confirmation of Declaration <i>(tick box below)</i>	
<input type="checkbox"/>	I agree that the information provided here may be processed in connection with recruitment purposes and I understand that an offer of employment may be withdrawn, or dismissal may result, if information is not disclosed by me and subsequently come to the organisations attention.
<input type="checkbox"/>	In accordance with the organisation's procedures if required I agree to provide a valid DBS certificate and consent to the organization clarifying any information provided on the disclosure with the agencies providing it.
<input type="checkbox"/>	I agree to inform the organization within 24 hours if I am subsequently investigated by any agency of organisation in relation to concerns about my behaviour towards children or young people.
<input type="checkbox"/>	I understand that the information contained on this form, the results of the DBS check and information supplied by third parties may be supplied by the organisation to other persons or organisations in circumstances where this is considered necessary to safeguard children, young people and vulnerable adults.
Signature:	
Print Name:	
Date:	