

CONFIDENTIAL WHEN COMPLETE

**DBS Risk Assessment: Supporting Personal Statement Form
To be completed by the Applicant**

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)

How many offences are there?

What is the nature of the offence(s)?
(please describe all convictions/cautions/reprimands and all offences within each conviction)

How old were you at the time of the offence(s)?

Have you ever been barred from working with Children or Adults? Yes/No

If Yes – please provide details of the conviction(s) which resulted in, you being barred:

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 also include information/evidence on how you have changed, and sustained 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:		Date:	
Name:			