



**Faculty of Health, Social Care and Education**  
**School of Midwifery**  
**Self-Declaration Form**

Midwifery is exempt from the provisions of the Rehabilitation of Offenders Act. This means that **you must** declare ALL criminal convictions, cautions, reprimands, or warnings, even if they are spent, e.g. even if you think they have been removed from your records they, now show convictions that would have been considered spent.

If you do not disclose offences which come to light later you will be subject to the appropriate University's proceedings which may lead to your withdrawal from the course. Information you disclose will only be used for the purpose of considering your progress on the nursing programme and will only be shared with those who need to use this information for this purpose.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Cohort: \_\_\_\_\_

**PLEASE ENSURE THAT ALL SECTIONS BELOW ARE COMPLETED FOR ALL 3 QUESTIONS AND THAT THE FORM IS SIGNED AND DATED**

|   |   |
|---|---|
| <b>1) Have you received <u>any</u> cautions, convictions, reprimands or warnings (excluding speeding offences) since your last self-declaration to this university?</b> |   |
| <input type="checkbox"/> NO   | <input type="checkbox"/> YES (Please provide details below)                           |
| a) Date of conviction, caution, reprimand or warning  |   |
| b) Type (e.g. assault, fraud) of conviction, caution, reprimand or warning and details including penalty.   |   |
| <b>2) Have you been referred to Social Services in relation to child care issues?</b>   |   |
| <input type="checkbox"/> NO   | <input type="checkbox"/> YES (Please provide details below)                           |
| <b>3) Has/have your child/children or any young person(s) in your care been:</b>  |   |
| a) placed on the Child Protection Register?   | <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please add details) |
| b) subject to a Child Protection Plan?  |   |
| <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please add details)   |   |

I declare that the above information I have recorded on this form is true and accurate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_