

GOVERNORS OF ARMAGH OBSERVATORY AND PLANETARIUM

Consent to AccessNI Enhanced Disclosure Check Form

Please note that this Form must be returned with your application.

The Form is regarded as part of your application and failure to complete and return it will result in disqualification.

CONFIDENTIAL

INFORMATION ABOUT AND CONSENT TO ACCESSNI ENHANCED DISCLOSURE CHECK BY APPLICANTS FOR POSTS INVOLVING WORK WITH CHILDREN AND VULNERABLE ADULTS.

You have applied for a position that is governed by Safeguarding Vulnerable Groups (Northern Ireland) Order 2007. Before appointing anyone to such a post, it is our policy to ask for an enhanced disclosure check to be carried out by AccessNI. This check is to make sure that individuals who might be a risk to children and vulnerable adults are not appointed.

1. Do you have any prosecutions pending or have you ever been convicted at a court or cautioned by the police for any offence?

Delete as appropriate: YES / NO

If 'YES', please list below details of all pending prosecutions, convictions, cautions, or bind-over orders. Give as much information as you can, including if possible the offence, the approximate date of the court hearing and the court that dealt with the matter. (If necessary, continue on a separate sheet.)

(Please continue overleaf)

2. Have you ever been the subject of an Adult or Child Abuse investigation?

Delete as appropriate: YES / NO

If 'YES', please list full details below. If possible, please provide the approximate date(s).

NAME:

POSITION APPLIED FOR:

ANY SURNAME PREVIOUSLY KNOWN BY:

PRESENT ADDRESS:
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ALL PREVIOUS ADDRESSES (Within the last five years):

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DATE OF BIRTH

PLACE OF BIRTH

I understand that an AccessNI Enhanced Disclosure Check (as specified above) must be carried out before an offer of appointment can be confirmed. I am aware that spent convictions may be disclosed. I declare that the information I have given is accurate and I consent to the check being made.

Signature:

Date: