

**Board Member Applicant Declaration Form**

Before you can be considered for an appointment with PHSO, we need to be satisfied you are a fit and proper person as defined in the PHSO’s Fit and Proper Persons Policy.

***Please answer all of the following questions in this form*.** If you answer ‘yes’ to any of the questions, provide full details. Answering ‘yes’ to any of the questions below will not necessarily bar you from an appointment, it will depend on the relevance of the information you provide in respect of the nature of the position and the circumstances.

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| **Section 1 - Have you previously been employed by PHSO?** |
| Yes |[ ]
| No |[ ]
| If YES, please provide details of your job title and dates employed |

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| **Section 2 - Are you related to, or have a personal relationship with a current PHSO employee?** |
| Yes |[ ]
| No |[ ]
| If YES, please provide their name and job title |

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| **Section 3 – Criminal Convictions.**  **Do you have any current unspent convictions or conditional cautions?****You do not need to tell us about parking offences.** |
| Yes |[ ]
| No |[ ]
| If yes, please include details of the offence, the penalty, sentence or order of the Court, and the date and place of the Court hearing. |

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| **Section 4 – Have you been charged with any offence in any country that has not yet been disposed of?****Please note you do not need to tell us about parking offences.** |
| Yes |[ ]
| No  |[ ]
| If yes, please include details of the nature of the offence with which you are charged, date on which you were charged, and details of any on-going proceedings by a prosecuting body. |

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| **Section 5 – Have you ever been disciplined or dismissed by reason of serious misconduct from any employment, office or other position previously?** |
| Yes |[ ]
| No  |[ ]
| If yes, please include details of the employment, office or position held, the date that you were dismissed or had disciplinary action taken against you, including the nature of the action or sanction. |

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| **Section 6 –** Have you ever been disqualified, erased, removed or struck off from the practise of a profession, or required to practise subject to specified limitations, by a regulatory or licensing body in any country?**The information required includes being convicted of an offence or removal from the register of a professional body or regulator.** |
| Yes |[ ]
| No  |[ ]
| If yes, please include details of the nature of the disqualification, erasure, removal, limitation or restriction, the date, and the name and address of the licensing or regulatory body concerned. |

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| **Section 7 – Do you know of any other matters in your background which might cause your reliability or suitability for employment to be called into question or perceived to be?** |
| Yes |[ ]
| No  |[ ]
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| **If you have answered ‘yes’ to any of the questions above, please use this space to provide details. Please indicate clearly the number(s) of the question that you are answering.****You may continue on a separate sheet if necessary and may attach supplementary comments should you wish to do so.** |
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| **IMPORTANT - DECLARATION**The information that you provide in this declaration form will be processed in accordance with the Data Protection Act 2018. It will be used for the purpose of determining your application for this position. Once a decision has been made concerning your appointment, the PHSO will not retain this declaration form any longer than necessary. This declaration will be kept securely and in confidence. Access to this information will be restricted to designated persons within the organisation who are authorised to view it as a necessary part of their work.In signing this declaration, you are explicitly consenting for the data you provide to be processed in the manner described above. |

I consent to the information provided in this declaration form being used by PHSO for the purpose of assessing my application.

I understand that I have an ongoing duty to inform PHSO immediately of any further relevant or new information relating to the issues referred to above or if I am charged with any new offence, criminal conviction or fitness to practise proceedings in the United Kingdom or in any other country that might arise in the future. This duty applies to any time before appointment, during or if relevant to these periods after appointment.

I confirm that the information that I have provided in this declaration form is correct and complete. I understand and accept that if I knowingly withhold information, or provide false or misleading information, this may result in my application being rejected, or if I am appointed, in my dismissal, and I may be liable to prosecution.

SIGNATURE: .................................................................

NAME (in block capitals): ............................................………...............

DATE: ................………………………………………...................

Please complete and return this declaration as part of your application to BoardMemberRecruitment@ombudsman.org.uk by no later than **9:00am on 23 September 2024**