

**STATEMENT OF POLICY AND PERSONAL DECLARATION STATEMENT
REGARDING CRIMINAL INVESTIGATIONS IN THE UK OR OVERSEAS, FITNESS TO
PRACTICE PROCEEDINGS BY A LICENSING/REGULATORY BODY AND OTHER
UNRESOLVED OR PENDING ISSUES**

Registration with the General Medical Council or General Dental Council imposes on doctors and dentists a duty to provide a high standard of medical care for, and behave appropriately towards patients. Employers within Health and Social Care also have a duty to ensure that patients receive a high standard of medical care and ensure as far as possible the safety of patients. The Trust therefore needs to establish if you have been found guilty of a criminal offence, been bound over or cautioned or are currently the subject of proceedings which might lead to a conviction, an order binding you over or a caution, in the UK or any other country.

The Trust also needs to establish if you have been the subject of any fitness to practice proceedings in the past, or if any fitness to practice proceedings are being contemplated, by a licensing or regulatory body in the UK or another country and this is also reflected in the Declaration together with the need for the Trust to be made aware of any professional or personal, unresolved or pending issue that might undermine your standing or ability to do the job.

This information will be treated in confidence and will not debar you from appointment unless the selection panel considers that it renders you unsuitable for appointment. In reaching such a decision we will consider the nature of the conviction/action/issue, how long ago it took place and any other factors, which may be relevant.

Failure to disclose a criminal offence, having been bound over or cautioned or that you are currently the subject of criminal proceedings which might lead to a conviction, an order binding you over or a caution, or fitness to practice proceedings undertaken or being undertaken by an appropriate licensing or regulatory body, may disqualify you from appointment, or result in summary dismissal/disciplinary action and referral to the General Medical Council or General Dental Council for consideration if such a discrepancy came to light.

If you would like to discuss what affect any previous convictions, police investigations or fitness to practice proceedings taken or being taken either in the UK or by an overseas licensing or regulatory body might have on your application, you should contact the HR Director in confidence.

YOU MUST COMPLETE THE PERSONAL DECLARATION STATEMENT ATTACHED

PERSONAL DECLARATION STATEMENT – In relation to:

- (a) criminal offences, being bound over or cautioned, or current proceedings which might lead to a conviction, an order binding you over or a caution, **(this includes Road Traffic or Motoring Offences)** and
- (b) fitness to practice proceedings taken or being currently contemplated by a licensing/regulatory body, and

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- (c) any other professional or personal, unresolved or pending issue that might impact on your standing or ability to do the job
1. **Have you been convicted of a criminal offence, (including Road Traffic or Motoring Offences), been bound over or cautioned or are you currently the subject of any police investigation, which might lead to a conviction or order binding you over or a caution in the UK or any other country? YES/NO***

Note: Applicant for posts in Health and Social Care are exempt from the Rehabilitation of Offenders (Northern Ireland) Order 1978. You are required to declare prosecutions of convictions, including those considered 'spent' under this Act.

If yes, please provide details of the criminal offence, order binding you over or caution or details of any current proceedings which might lead to a conviction, an order binding you over or a caution, including the approximate date of the offence and the authority and country which dealt with the offence.

2. **Have you been or are you currently subject to any fitness to practice proceedings by an appropriate licensing or regulatory body in the UK or any other country? YES/NO***

If yes, please provide details of the nature of proceedings undertaken or contemplated, including the approximate date of proceedings, the country where proceedings were undertaken and the name and address of the licensing or regulatory body concerned.

3. **Have you been involved or are you currently involved in any professional or personal, unresolved or pending issue that might undermine your standing or ability to do the job? YES/NO***

If yes please provide appropriate dates and details.

* Delete where appropriate.

I hereby declare that the information I have provided is accurate and complete to the best of my knowledge and belief.

Signature: _____ **Date:** _____

Post: _____ **Specialty:** _____

Hospital: _____

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ALL DETAILS TO BE PROVIDED ON THIS PAGE:

Signature _____ **Date** _____

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