GOOD NEIGHBOUR SCHEME BARROW UPON SOAR	BARROW UPON SOAR GOOD NEIGHBOUR SCHEME

DBS Annual Declaration Form	F003

Please confirm each section below by ticking the box

☐ I confirm that since completing the Disclosure and Barring Service application for BGNS I have not committed any criminal offences, have no further criminal convictions, bind overs, cautions or other findings or orders of a criminal nature and am of good character.

☐ That I know of no reason or circumstances that would prevent me from continuing my volunteering with BGNS or working with Vulnerable Adults.

☐ I agree to take responsibility to notify BGNS should any incident occur that may reasonably be regarded as preventing me from working with Vulnerable Adults.

☐ I agree to BGNS requesting a further enhanced DBS check if they consider it necessary

Signed: _____Date: _____

Print name: _____

If you are unable to sign this declaration due to non-compliance with any condition listed above please inform BGNS immediately. You should also provide a written account of the circumstances that contribute to you being unable to sign this declaration form.