



# CHRISTIAN BROTHERS EUROPEAN PROVINCE

## CONFIDENTIAL DECLARATION FORM

As part of our commitment to ensuring safe environments for children everyone working or volunteering in the European Province of the Christian Brothers who will come in contact with children, or their personal details, is required to complete and sign this declaration form.

### **Relevant for the following Roles:**

- Local Safeguarding Representative
- Employees and Volunteers
- Members of the Congregation

# STANDARD 1

## CREATING AND MAINTAINING SAFE ENVIRONMENTS GUIDANCE FOR INDICATOR 1.1

### 1.1A Template 3: Confidential Declaration Form

The information contained in this form will be kept securely by the \_\_\_\_\_ (insert name of diocese/order). Legislation in both jurisdictions in Ireland has, at its core, the principle that the welfare of children and young people must be the paramount consideration.

#### Who should complete this form?

Church bodies ask that everyone working or volunteering for the Church, who will come into contact with children or the personal details of children, abide by good practice by completing and signing this declaration.

Do you have any prosecutions pending, or have you ever been convicted of a criminal offence or been the subject of a caution or binding over order?

Yes  No

If yes, please state below the nature and date(s) of the offence(s).

Date of offence \_\_\_\_\_

Nature of offence \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been the subject of disciplinary procedures or been asked to leave employment or voluntary activity due to inappropriate behaviour towards a child?

Yes  No

If yes, please provide details including date(s) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Full name (print) \_\_\_\_\_

Any previous surname \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

# STANDARD 1

## CREATING AND MAINTAINING SAFE ENVIRONMENTS GUIDANCE FOR INDICATOR 1.1

What role/position are you currently applying for?

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### Declaration

I understand that if it is found that I have withheld information or included any false or misleading information above, I may be removed from my post, whether voluntary or paid, without notice. I understand that the information will be kept securely by the \_\_\_\_\_  
(insert name of Church body).

I declare that the information I have provided is accurate.

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