Western Health and Social Care Trust

Regular Visitors
Self-Declaration Vetting Form

To be completed by all adults over aged 18 who visit a childminders home on a regular basis i.e. once a week or more

Name of Childminder:	
Address of Childminder:	
Post Code:	

Name:	
Date of Birth:	
Address:	
Post Code:	
Contact No:	
Email Address:	

Have you ever been convicted of ANY criminal offences?	Yes	
	No	
If yes, please give details		

Have you ever received a caution for an offence?	Yes	
	No	
If yes, please give details		

Have you any criminal cases pending?	Yes	
	No	
If yes, please give details		

Have you had any contact with Social Services in any capacity? (A Trust check will be carried out)	Yes	
	No	
If yes, please give details		

Are you in good physical and mental health?	Yes	
	No	
If no, please give details		

Is there any reason why you cannot work with children/vulnerable adults	Yes		No	
If yes, please provide information				

I give my consent for the following checks to be made in support of this application and that such information can be disclosed to those dealing with this application. (Please tick)

All Health and Social Care Trust Records for ALL members of the household at Registration and annually thereafter	
SSAFA (Services Welfare)	

Signed: _____ Date: _____

Applicant

Print Name:	
Signature:	
Date:	

Please note that if you have answered "yes" to any of the above, it may be necessary for the Trust to carry out further vetting procedures of which you will be notified in advance.

TRUST USE ONLY

Date of SOSCARE/Community Information System Checks:	
Name of Person carrying out SOSCARE/ Community Information System Checks:	
Position held:	

I confirm that I have carried out a SOSCARE/Community Information System check on the above named regular visitor at the above facility.

☐ Information is held

☐ Information is not held