APPLICATION TO JOIN THE SOMERSET PERFORMERS LIST – APPENDIX 2

DECLARATIONS

Applicant's Name:

If you answer Yes to any of the following questions please give full explanations on a separate sheet, including the names of the relevant Primary Care Trust, approximate dates of where any investigation or proceedings were or are to be brought, the nature of those investigations or proceedings and any outcome.

Please tick as appropriate

1.	Do you have any criminal convictions in the United Kingdom? *(Offences dealt with by means of a fixed penalty ticket do not have to be declared)*	☐ Yes	☐ No
2.	Have you been bound over following a criminal conviction in the United Kingdom?	☐ Yes	☐ No
3.	Have you accepted a police caution in the United Kingdom?	☐ Yes	☐ No
4.	Have you ever accepted and agreed to pay either a procurator fiscal fine under section 302 of the Criminal Procedure (Scotland) Act 1995 or a penalty under section 115A of the Social Security Administration Act 1992?	☐ Yes	☐ No
5.	Have you, in summary proceedings in Scotland in respect of an offence, been the subject of an order discharging you absolutely (without proceeding to conviction)?	☐ Yes	☐ No
6.	Have you ever been convicted elsewhere of an offence, or what would constitute a criminal offence if committed in England or Wales?	☐ Yes	☐ No
7.	Are you currently the subject of any proceedings that might lead to such a conviction which have not been notified to the Primary Care Trust?	☐ Yes	☐ No
8.	Have you been subject to any investigations into your professional conduct by any licensing, regulatory or other body, where the outcome was adverse? *(note: this includes any undertakings, warning or conditions on your registration)*	☐ Yes	☐ No

9.	Are you currently subject to an investigation into your professional conduct by any licensing, regulatory or other body?	☐ Yes ☐ No
10.	Are you, to your knowledge, or have you ever been the subject of an investigation by the NHS Counter Fraud and Security Management Service in relation to fraud, where the outcome was adverse?	☐ Yes ☐ No
11.	Are you subject to any investigation by another Primary Care Trust or equivalent body, which might lead to your removal from any Performers List or equivalent list?	☐ Yes ☐ No
12.	Are you the subject of any investigation into your professional conduct in respect of any current or previous employment, or have you ever been subject to such an investigation where the outcome was adverse?	☐ Yes ☐ No
13.	Are you, or have you ever been, subject to a national disqualification?	☐ Yes ☐ No
14.	Have you ever been removed, contingently removed, refused admission or conditionally included in any list of any Primary Care Trust or equivalent body?	☐ Yes ☐ No
15.	Are you the director of any body corporate that is included in the list of any Primary Care Trust or equivalent body? *(If Yes, you must provide the name and registered address of that body corporate, and details of the Primary Care Trust or equivalent body concerned, on a separate sheet)*	☐ Yes ☐ No
16.	Has any of the events listed in 1 to 14 above ever occurred in relation to that body corporate?	☐ Yes ☐ No ☐ Not applicable

I declare that information given above, and on any additional sheet(s), is true and complete. I agree to inform NHS Somerset with full details in writing, within seven days, if any of the events listed above occurs.

Signed: **Date:**