

Appendix 5 – Risk Assessment form and Glossary of Legal Terms (likely to be used on a Disclosure Certificate)

To be used to assess the suitability of the applicant for their proposed position, in light of matter(s) disclosed on their DBS Certificate.

Name of Applicant:

Position Applied For:

Date of Birth:

Type of Disclosure:

Disclosure Issue Date:

Disclosure Ref. No:

Unit / Department:

Tel. No:

Date of Risk Assessment:

Risk Assessment undertaken by Appointed Person:

Please ensure that the Risk Assessment process form is completed in full and that a full account is given of any matters which have been disclosed.

Any queries with regards to the DBS process should be in the first instance directed to the Lead Signatory at HRWBS

| Question | Applicable (Please delete as appropriate) | Comments <i>This must be completed with full details or the form could be returned</i> |
|--|--|---|
| Did the applicant declare the matters on the DBS Disclosure Application form and/or the self declaration form and or at interview. If not why not. | Yes / No | |
| Does the individual agree that the information detailed on the DBS Certificate is correct? | Yes / No | |
| Does the individual regret the matter(s) or what is their attitude towards the matters now? | Yes / No /Not applicable | |

| | | |
|--|----------------------------------|--|
| Would they do anything differently now? | Yes / No / Not applicable | |
| Have the individual's circumstances changed since the conviction? E.g. location, friends, partner? | Yes / No / Not applicable | |
| Are there any mitigating circumstances? (E.g. peer pressure, financial need or lack of judgement) | Yes / No / Not applicable | |
| Do the matters disclosed form any pattern? E.g. is there a cycle or history, reoccurrence, repeat offences | Yes / No / Not applicable | |
| Can the applicant demonstrate any efforts not to re-offend? E.g. Rehabilitation Course | Yes / No / Not applicable | |
| What is the nature of the contact the individual has with vulnerable adults? | Yes / No / Not applicable | |
| Can any safeguards be implemented to reduce/remove any risk? E.g. no unsupervised contact | Yes / No / Not applicable | |
| Will the nature of the post present any realistic opportunities for re-offending? | Yes / No / Not applicable | |

| | | |
|--|--|--|
| What supervision is available and how readily? | | |
|--|--|--|

Declaration by Applicant and any additional comments in support of their employment:

I understand that any offer of employment will be subject to the information I have supplied and that this is complete and correct. False information, or a failure to supply the details required, could make an offer of employment invalid or lead to termination of employment.

Full Name:

Signature: Date:

Recommendation/Additional Comments from the Appointing Person:

Full Name:

Signature: Date:

Withdraw Offer of Employment / Continue with Offer of Employment* Please state (if applicable) whether approval is dependent upon conditions being met, such as recommendations, restrictions, safeguards to be implemented by the recruiting manager/service lead.

Date Risk Assessment authorised:.....

Name of Responsible Individual:.....

Signature of Responsible Individual:.....

Responsible Individual- Decision and comments :-