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| <ul style="list-style-type: none">• Are you taking medication or any other substances on a regular basis that could affect your ability to care for children? | |
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If you have answered YES to any of the questions, please provide further information below:

Declaration

I understand my responsibility to safeguard children and am aware that I must notify my manager of anything that may affect my suitability to care for children.

I will ensure that I notify my manager of any convictions, cautions, court orders, reprimands or warnings I may receive.

I am aware that if I am taking medication on a regular basis that I must notify my employer and must keep the medication in a safe place, out of reach of children in accordance with the Safe Storage of Medicines Procedure.

I will ensure I notify my manager if I experience any health concerns which could impact on my ability to work with children.

I give permission for my employers to contact any previous settings, local authority staff, the police, Local Authority staff including the LADO, the DBS or any medical professionals to share information about my suitability to care for children.

Name:

Signature:

Date:

Manager's signature:

Please record any follow up action taken and dates where relevant: