**CONFIDENTIAL**

**FORM C: Disclosure Statement**

|  |  |
| --- | --- |
| **Name:** |  |
| **Provisional Student Number:** |  |
| **Date of Birth:** |  |
| **Course applied for:**  |  |

**You have been asked to complete this disclosure statement as part of the University’s Risk Assessment Process for declared convictions. Please expand the boxes as necessary or continue on a separate sheet.**

**PART (A) APPLICANT SUPPORTING INFORMATION**

|  |  |
| --- | --- |
| **1** | **Please tell us about your offence(s) and the circumstances surrounding them** |
|  |  |
| **2** | **When did you commit these offence(s)?** |
|  |  |
| **3** | **Why did you commit the offence(s)** |
|  |  |
| **4** | **Was there anything else happening in your life at the time?** |
|  |  |
| **5** | **How did you feel at the time?** |
|  |  |
| **6** | **How do you feel now?** |
|  |  |
| **7** | **How is your life different now?** |
|  |  |
| **8** | **How can we be sure that you are not a risk to the University’s community of staff, students and visitors?** |
|  |  |

**PART (B) CONSENT TO CONTACT 3RD PARTY ORGANISATIONS**

It may be useful for the University to talk to other professionals who have been or who are currently involved in helping you with issues connected to your conviction(s).

Sharing information with other professionals involved in your case will enable us to develop a clearer picture of your situation and needs. By working together we can plan appropriate courses of action, e.g. we may wish to contact the Probation Service for a reference. Similarly they may wish to know whether you have been made an offer to study at University.

However, we need your consent before we can give and receive information about your particular case. Please provide details of any third party organisations involved in your rehabilitation that you consent for us to contact as part of this process.

We will otherwise maintain confidentiality **unless:**

* Information given by you concerns the abuse, harm or neglect of a child when we have reason to believe that the child is at risk
* If by keeping confidentiality you or another person is likely to suffer injury
* If the police have a court order for specific information relating to you
* If the information relates to the Prevention of Terrorism Act

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of worker** | **Service/Organisation** | **Dates under order/** | **Telephone** | **Email Address** |
|  |  |  |  |  |
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**Data Protection and Disclosure of Personal Information**

I understand and acknowledge that the University of Bolton will process the personal data contained in this form, or other data which the University may obtain from me or other people. I acknowledge the processing of such data for any purpose connected with my enrolment, my health and safety or for any other legitimate and lawful reason.

The University will hold and process your personal data in compliance with our obligations under the General Data Protection Regulation and Data Protection Act 2018 and in accordance with our Data Protection Policy and Privacy Notices available at: <https://www.bolton.ac.uk/about/governance/documents/#dataprotection>

|  |  |
| --- | --- |
| **Signature:** |  |
| **Print Name:** |  |
| **Date:** |  |

This form will be considered in accordance with the University’s Student Admissions Policy available at <https://www.bolton.ac.uk/about/governance/policies/student-policies/>

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**For Office Use:**

Clearance Approved:

Progress to Stage 3:

Signed …………………………………………………………………………………
Print name …………………………………………………………………………

Date ……………………………………………………………………………………