

Declaration Form

Declaration from all personnel working with children and young people in M Dagge Therapy.

Surname: _____ First Name: _____

Any other name/previously known as: _____

Date of Birth: _____ Place of Birth: _____

1. Have you been convicted of an criminal offence or been the subject of a Caution or of a Bound Over Order? YES NO

If yes, please state below the nature and date(s) of the offence(s):

Nature of Offence:

Date of Offence:

_____	_____
_____	_____
_____	_____

2. Are there reasons you might be considered unsuitable to work with children and young people? YES NO

If yes, please state why:

Signed: _____ Dated: _____
(Therapist, Intern, Resident, Student)

Signed: _____ Dated: _____
(Senior Manager at M Dagge Therapy)