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| **DBS ELIGIBILITY STATEMENT – REASON FOR CHECK** |

As part of the staff recruitment process, you have indicated that a DBS check is required for a position within your Department/School/College. In order to provide us with some further information to assess the level of check required, and to complete the online DBS eligibility statement required as part of the application process, we would be grateful if you could provide the information requested below.

|  |  |
| --- | --- |
| **POST TITLE** |  |
| **DEPARTMENT/SCHOOL/COLLEGE** |  |

**CHILDREN**

Will the role holder be required to work for 1 day a week or more, or on 4 or more occasions in a 30-day period, with **children** (under 18 years)?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| YES |  |  | NO |  |  |  |  |

**If you answered YES**, please explain why/what they will be doing? Please include information on where the work will take place (e.g. own office, hospital premises, care home, school setting etc). Please also include information on whether the role holder will be working alone with the chid(ren) (i.e lone working)

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Will the role holder teach, train, instruct or supervise children?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| YES |  |  | NO |  |  |

**If you answered YES** will this take place on more than 3 days in any 30-day period?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| YES |  |  | NO |  |  |

Will the role holder provide advice and guidance wholly or mainly to children in relation to their emotional, physical, or educational wellbeing?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| YES |  |  | NO |  |  |

**If you answered YES** will this take place on more than 3 days in any 30-day period?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| YES |  |  | NO |  |  |

Will the role holder be undertaking any activities on the **Regulated activity with children in Wales list**? Details here:

<https://www.gov.uk/government/publications/dbs-guidance-leaflets>

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| YES |  |  | NO |  |  |  |  |

**If you answered YES**, please list all regulated activities

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**ADULT**

Will the role holder be required to work for 1 day a week or more, or on 4 or more occasions in a 30-day period, with a **vulnerable adult** (18 years or older)?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| YES |  |  | NO |  |  |  |  |

**If you answered YES**, please explain briefly why/what they will be doing? Please include information on where the work will take place (e.g. own office, hospital premises, care home, vulnerable adults’ own home etc). Please also include information on whether the role holder will be working alone with the vulnerable adult (i.e lone working)

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Will the role holder teach, train, instruct or supervise adults who are in receipt of a health or social care service as described in paragraph 9 or 10 of the adult workforce document (see Annex 1 pages 11-13:

<https://www.gov.uk/government/publications/dbs-workforce-guidance>

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| YES |  |  | NO |  |  |

**If you answered YES** will this take place on more than 3 days in any 30-day period?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| YES |  |  | NO |  |  |

Will the role holder provide advice and guidance wholly or mainly to adults who are in receipt of a health or social care service as described in paragraph 9 or 10 of the adult workforce document (see Annex 1 pages 11-13: <https://www.gov.uk/government/publications/dbs-workforce-guidance>

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| YES |  |  | NO |  |  |

**If you answered YES** will this take place on more than 3 days in any 30-day period?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| YES |  |  | NO |  |  |

Will the role holder be undertaking any activities on the **Regulated activity with adults in Wales list**? Details here:

<https://www.gov.uk/government/publications/dbs-guidance-leaflets>

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| YES |  |  | NO |  |  |  |  |

**If you answered YES**, please list all regulated activities

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|  |

Where you have indicated NO in response to all of the above questions.   Could you please provide a brief explanation as to why you believe the role requires a DBS check and also indicate where the work will take place (i.e. in a school setting, hospital etc)

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| --- | --- |
| **Form completed by** |  |

(please insert your name and job title)

|  |  |
| --- | --- |
| **Date completed** |  |

**Thank you**

***Please return the completed form to: staffDBS@bangor.ac.uk***