

Executive Summary

Report to the Board of Directors

Being Held on 24 May 2022

Subject	Controlled Document – Fit and Proper Persons Policy
Supporting TEG Member	Sandi Carman, Assistant Chief Executive
Author	Debbie Padwick, Head of HR Services
Status¹	A*

PURPOSE OF THE REPORT

To seek the Board of Directors' approval of changes made to the Fit and Proper Persons Policy.

KEY POINTS

The Fit and Proper Persons Policy has been updated to address the issues raised by the CQC within the Section 29a Warning Notice and Inspection Report.

The updates made to the policy, will once approved by the Board allow the Trust to mark Action 16.1 of its CQC Action Plan as complete in advance of the target date for completion; 31 May 2022. Completion of this action will contribute to the Trust's achievement of CQC Action Plan Outcome 16 '*to have effective systems to ensure adherence to the fit and proper persons requirements and regulation*'.

Updates to the policy are as follows:

- Increased frequency of DBS checks for the Board of Directors and Council of Governors (now repeated every three years)
- Increased frequency of the checks undertaken against the following registers; disqualified directors, bankruptcy and insolvency and removed charity trustees (now repeated annually).
- Removal of the reference to an assessment of values during interview as this is implicit in the interview approach rather than explicit
- Strengthening the arrangements for recording checks and assurance reporting / responsibilities.

The Trust Executive considered the proposed changes on 18 May 2022 and agreed to recommend these to the Board of Directors for approval.

IMPLICATIONS²

Aim of the STHFT Corporate Strategy		✓ Tick as appropriate
1	Deliver the Best Clinical Outcomes	
2	Provide Patient Centred Services	
3	Employ Caring and Cared for Staff	
4	Spend Public Money Wisely	✓
5	Deliver Excellent Research, Education & Innovation	
6	Create a Sustainable Organisation	

RECOMMENDATIONS

The Board of Directors is asked to **APPROVE** the proposed amendments to the Fit and Proper Persons Policy.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
Trust Executive Group	18/05/2022	Y - Agreed
Board of Directors meeting held in public	24/05/2022	

¹ Status: A = Approval
A* = Approval & Requiring Board Approval
D = Debate
N = Note

² Against the six aims of the STHFT Corporate Strategy 'Making a Difference – The next Chapter 2022-27'

Fit and Proper Person Policy and Procedure

1. Introduction

The purpose of the policy and procedure is to ensure the Trust complies with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 5: Fit and Proper Persons Requirement and meets the conditions of the Trust's Provider Licence.

2. Purpose

Providers of healthcare services for the NHS must ensure that their Directors (or Directors and Governors in the case of NHS foundation trusts) satisfy specified requirements. In particular, Directors must meet the fit and proper person test set out in regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the FPP Regulations).

Under the terms of the NHS Provider Licence, foundation trusts must ensure that their directors and governors meet appropriate standards of personal behaviours and technical competence. Licence condition G4 - Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions - applies to all providers holding an NHS provider licence.

Regulation 5 has been introduced as a direct response to the failings at Winterbourne View Hospital and the Francis Inquiry report into Mid Staffordshire NHS Foundation Trust, which recommended that a statutory fit and proper person's requirement be imposed on health service bodies. This policy outlines the application of this test for new appointments and existing postholders.

In addition, where the Trust engages an interim at a senior level equivalent to the posts above the same process FPPR (fit and proper person's requirements) test will apply if they are employed or registered as an external worker. Where an interim is sourced by an agency the recruitment agency will be made aware of the FPPR process and must confirm that they have undertaken the necessary checks. Executive search companies will be required to provide relevant evidence for inspection and retention to allow the Trust to assure itself that candidates for Board and TEG level appointments meet the fit and proper persons test.

3. Scope and exceptions

This policy applies to:

Setting	Trust Wide
Individuals	This policy and procedure applies to all Board appointments i.e. Executive and Non-Executive directors and also those senior managers who are formally recognised as members of the Trust Executive Group. This includes permanent, interim, and associate positions. The policy also refers to Foundation Trust Governors and notes relevant arrangements in place with regard to the election or nomination to seats on the Council of Governors.
Speciality	NA

4. Policy Details

1. Meeting the Requirements of Regulation and Provider Licence Condition G4

The fit and proper person's requirements (FPPR) places the ultimate responsibility on the Chair to discharge the requirement placed on the Trust, to ensure that all relevant post holders meet the fitness test and do not meet any of the 'unfit' criteria. Further detail is provided in the [CQC Guidance for NHS Bodies: Fit and Proper Persons: Directors, November, 2014](#)

The objective of NHS Provider Licence condition G4 is to prevent an unfit person from holding office as a Director or Governor. Annex 4 of the Trust's Constitution sets out the eligibility provisions for holding office as a Governor on the Trust's Council of Governors.

The Trust will purposefully seek to assure itself regarding about the suitability of existing post holders and new applicants to Board and TEG level positions and to make specified information about Board Directors available to CQC on request.

Individuals who fall into the categories above must satisfy the Chair that they:

- Are of good character
- Hold the required qualifications and have the competence, skills and experience required for the relevant office for which they are employed
- Are able, by reason of their physical and mental health, after any required reasonable adjustments if required, capable of properly performing their work
- Can supply relevant information as required by schedule 3 of the act, i.e. documentation to support the FPPR.
- Not have been responsible for or privy to, contributed to, or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on regulated activity (or providing a service elsewhere which if provided in England would be a regulated activity).

In accordance with schedule 4 part 1 of the act a person is deemed “unfit” if

- The person is an undischarged bankrupt or a person whose estate has had sequestration awarded in respect of it and who has not been discharged.
- The person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland.
- The person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986.
- The person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it.
- The person is included in the children’s barred list or the adults’ barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland.
- The person is prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment.

In accordance with part 2 of the Act a person will fail the good character test if they:

- Have been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in any part of the United Kingdom would constitute an offence.
- Have been erased, removed, struck off a register of professionals maintained by a regulator of health care or social work professionals

Annex 4 of the Trust Constitution sets out the specific eligibility requirements for the Council of Governors and should be read in conjunction with the standards set out above.

Assessment of on-going fitness

5(i) On-going fitness - annual process

The annual appraisal process will provide an opportunity to discuss continued “fitness,” competence and how the post holder role displays the Trust values and behaviour standard including the leadership behaviour expected. The CEO will be responsible for appraising the Executive Directors, whilst the Chair will be responsible for appraising the Non-Executive Directors. The CEO will be appraised by the Chair. The Chair will be appraised through the agreed 360° appraisal process that includes feedback from Governors, Non-Executive Directors, and Executive Directors.

The individual will be subject to the following checks whilst in post;

1. There will be an annual requirement for post holders / office holders to complete a further form of declaration confirming that they continue to be a fit and proper person.
2. DBS checks will be repeated every three years
3. Registration will be confirmed annually where appropriate
4. An annual check will be undertaken against the following registers;
 - i. Disqualified directors
 - ii. Bankruptcy and insolvency
 - iii. Removed charity trustees

Confirmation of compliance will be published in the Trust's Annual Report.

Individuals will be required to make the Trust aware as soon as practicable of any incident or circumstances which may mean they are no longer to be regarded as a fit and proper person, and provide details of the issue, so that this can be considered by the Trust using the Fit and Proper Persons Requirement Disclosure Form Existing post holders ([Appendix 1](#)).

5(ii) Concerns regarding an individual's continued FPPR compliance

Where matters are raised that cause concerns relating to an individual being fit and proper to carry out their role the Chair will address this in the most appropriate, relevant and proportionate way on a case-by-case basis. Where it is necessary to investigate or take action the Trust's current processes will apply using, where applicable, the Trust's capability process (managing performance or sickness absence), Disciplinary procedure or afforded a similar process to this if the potential discontinuation could be due to 'some other substantial reason'. There may be occasions where the Trust would contact NHSE/I for advice or to discuss a case directly.

The Trust reserves the right to suspend a Director or restrict them from duties on full pay / emoluments (as applicable) to allow the Trust to investigate the matters of concern. Suspension or restriction from duties will be for no longer than necessary to protect the interests of service users or the Trust and/or where there is a risk that the Director's presence would impede the gathering of evidence in the investigation.

Should there be sufficient evidence to support the allegation(s), then the Trust may terminate the appointment of the Director with immediate effect, in line with the Trust's Disciplinary policy.

The Code of Conduct for the Council of Governors and Annex 4 of the Trust Constitution will apply in respect of matters relating to Trust Governors.

Where an individual who is registered with a professional regulator (GMC, NMC etc.) no longer meets the fit and proper person's requirement the Trust must inform the regulator, and also take action to ensure the position is held by a person meeting the requirements. Directors may personally be accused and found guilty by a court of serious misconduct in respect of a range of already prescribed behaviours set out in legislation. Professional regulators may remove an individual from a register for breaches of codes of conduct.

6.Process for New Appointments / Governor Elections and Nominations

Board and TEG level appointments

The Trust's comprehensive pre-employment checking processes are determined by the NHS employment standards and include the following:

1. Proof of identity
2. DBS check

3. Occupational Health Clearance as relevant to the role
4. Evidence of the right to work in the UK
5. A check of employment history and two references one of whom must be the most recent employer. Specifically, this include validating a minimum of three years continuous employment including details of any gaps in service. The number of references may differ for each applicant, depending on how many episodes of employment they may have had in the last three years prior to making their application.
6. Qualifications/registration applicable to role

In addition, the following registers will be checked:

- Disqualified directors
 - Bankruptcy and insolvency
 - Removed Charity Trustees
-
- CQC expects trusts to take account of some core public information sources when making director-level appointments and expects trusts to consider whether the director has ever breached any of the Nolan principles of public life. Undertaking Google and news searches of the individual is also advised. However, trusts should be mindful that not everything that can be found on an internet search is factually accurate.
 - 'Core public information sources' include information from public inquiry reports, serious case reviews relevant to the trust that employed the individual at the time of the allegations, homicide investigations for mental health trusts, criminal prosecutions and ombudsmen's reports

The FPPR requirements introduce the requirement to complete a FPPR Declaration form for new employees ([Appendix 3](#)). This form and summary guidance ([Appendix 4](#)) will be included with the application pack and form part of the application process for the position.

While the Trust will have regard to information on when convictions, bankruptcies or similar matters are considered 'spent' there is no time limit for considering serious misconduct or responsibility for failure in a previous role.

The Chair of the appointments panel will be responsible for ensuring compliance supported by the relevant recruitment support (HR, Medical HR, or Assistant Chief Executive.) A detailed checklist will be completed and will be retained on the post holder's personal file for the purposes of audit ([Appendix 5](#)).

The Council of Governors is responsible for the appointment and removal of the Chair, and the Non-Executive Directors, drawing on the recommendations of the Council of Governors Nomination and Remuneration Committee. In respect of Executive Directors, this responsibility will be discharged by the Board of Directors' Nomination and Remuneration Committee which is responsible for the appointment and removal of the Executive Directors. Any executive or non-executive appointment will take into account the Trust's obligations under the Regulations and NHS Provider Licence. Where the Trust makes a decision on the suitability of an individual, the reasons will be minuted by the Trust's Assistant Chief Executive, or an Officer nominated by them.

Where the Trust deems that the individual who is to be appointed is suitable, despite not meeting the characteristics outlined in Schedule 4, Part 2 of the Regulations (Good Character), the reasons will be recorded by the Assistant Chief Executive in the minutes of the relevant meeting: i.e. the Board of Directors' Nomination and Remuneration Committee (in the case of Executive Directors) or the Council of Governors and the Council of Governors' Nomination and Remuneration Committee (in the case of Non-Executive Directors, the 'Relevant Meeting') and the information about the decision will be made available. The appointment process will include an evaluation against the Trust's values, and any relevant external guidance. External advice will be sought, as necessary.

Where specific qualifications are deemed by the Trust as necessary for a role, the Trust will make this clear and will only appoint those individuals that meet the required specification; including any requirements to be registered with a professional regulator.

The Trust will carry out employment checks) on a candidate's qualifications and employment records.

Where the Trust considers that an individual can be appointed to a role based on their qualification, skills and experience with the expectation that they will develop specific competence to undertake the role within a specified timescale any such discussions or recommendations will be recorded by the Assistant Chief Executive. in the minutes of the Relevant Meeting. Any discussion, recommendation or decision must also be recorded in the minutes.

If the Director has a physical or mental health disability, wherever possible, reasonable adjustments will be made to enable the individual to carry out the role that they have been appointed to. Any prospective candidate will need to complete the 'Fit and Proper Person' Declaration at [Appendix 2](#). In the event the prospective candidate identifies any physical or mental health concerns (and subject to further information being obtained from the candidate, if necessary) their appointment will be subject to clearance by Occupational Health as part of the pre-appointment process. Any discussion or decision as to whether a candidate is appointable on grounds of health will be recorded by the Trust Assistant Chief Executive. in the minutes of the Relevant Meeting.

Elected and Nominated Governors

Eligibility criteria for election and nomination to seats on the Trust's Council of Governors are included in Annex 2 of the Trust's Constitution, and pre-appointment checks are undertaken by the Foundation Trust Office in line with best practice and regulatory requirements.

The Council of Governors are appointed to the Council of Governors at a full meeting of the Council of Governors (in line with Annex 2 of the Trust Constitution) and can be removed by the Council of Governors by a resolution by not less than three-quarters of the remaining Governors present at that meeting in line with paragraph 13 / Annex 4 of the Trust Constitution.

If the Governor has a physical or mental health disability, wherever possible, reasonable adjustments will be made to enable the individual to carry out the role that they have been appointed to.

5. Roles and responsibilities

Role	Responsibility
The Chair	To ensure implementation of the policy and providing assurance to the Board of Directors with regard to compliance with these arrangements on an annual basis
The Director of HR and Staff Development / Assistant Chief Executive	To ensure records are maintained on personal files and that FPPR checklists are completed / kept up to date To ensure implementation of the annual self-declaration process
The Council of Governors' Nomination and Remuneration (for Non-Executive Directors) and the Board of Directors' Nomination and Remuneration Committee (for Executive and TEG appointments)	To receive reports regarding new appointments and the completion of pre-employment checks
Foundation Trust Office	To provide confirmation to the Chair that those relevant checks have been undertaken for all newly appointed Governors and any matters raised will be discussed with the Assistant Chief Executive.

6. Monitoring

Standard, process or issue to be monitored	Monitoring method	Monitored by	Reported to	Frequency
Ongoing fitness for Executive, Non-Executive Directors and Governors	Annual self-declaration	Director of HR and Staff Development. Assistant Chief Executive	Compliance will be published in Trusts annual report	Annually

Ongoing fitness for Executive, Non-Executive Directors	Appraisal discussion with Chair / Senior Independent Director / Chief Executive as appropriate (dates recorded within the FPPR checklist within personnel files)	Director of HR and Staff Development. Assistant Chief Executive	Compliance will be confirmed within an annual assurance report presented to the Board of Directors	Annually
On appointment fitness	Pre-employment checks (recorded within personnel files)	Director of HR and Staff Development. Assistant Chief Executive	Compliance will be confirmed within an annual assurance report presented to the Board of Directors	Annually

7. Definitions

Term	Description
Term	Definition description here

8. References

All relevant employment legislation

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Care Quality Commission. Regulation 5: Fit and Proper Persons: Directors (January 2018)

<http://www.cqc.org.uk/content/regulation-5-fit-and-proper-persons-directors>

Care Quality Commission. Fit and proper persons requirement: directors (NHS trusts) (June 2018)

<https://www.cqc.org.uk/guidance-providers/nhs-trusts/fit-proper-persons-requirement-directors- NHS-trusts>

The NHS Provider Licence

<https://www.gov.uk/government/publications/the-nhs-provider-licence>

9. Associated Trust and external documents

All HR Policies

Standards of Business Conduct Policy

Code of Conduct for the Council of Governors

Trust Constitution

External Documentation

NHS Foundation Trust Code of Governance. Monitor 2014

<https://www.gov.uk/government/publications/nhs-foundation-trusts-code-of-governance>

10. Appendices

[Appendix 1 - Fit and Proper Persons Requirement Personal Disclosure Form - Existing post holders](#)

[Appendix 2 – Recruitment and Selection processes to meet Fit and Proper Persons Regulations \(FPPR\)](#)

[Appendix 3 - Fit and Proper Persons Requirement Personal Disclosure Form - Applicants](#)

[Appendix 4 – Fit and Proper Persons Requirement - Important information for applicants](#)

[Appendix 5 – Fit and Proper Persons Requirement - New Applicants Employment Checklist](#)

[Appendix 6 – Supplementary information to support reference request](#)

11. Document control

Ref	339
Version	2.1
Status	For review / approval
Executive Lead	Mark Gwilliam, Director of Human Resources
Author	Debbie Padwick, Head of HR Services
Agreed by	Trust Executive Group
Date agreed	18/05/2022

Ratification body	Board of Directors
Date ratified	tbc
Issue date	tbc
Review date	18/05/2025

12. Version history

Version	Date issued	Brief summary of changes	Author
1	23/10/2015		D Padwick
2	27/07/2021	Reference to Governor regulations	D Padwick
3	Tbc	Updated to reflect: <ul style="list-style-type: none"> - Increased frequency of DBS and register checks (para 5i) - strengthening arrangements for recording checks and assurance reporting / responsibilities (sections 5 and 6) - Removal of reference to scope of qualitative assessment (para 4.6) 	D Padwick

13. Consultation and review

Groups / persons consulted	Date
Chief Executive's Office, Trust Executive Group (TEG), Board of Directors, Staff Side Colleagues	July 21

14. Intended recipients

All staff who should:

Be aware of the document and where to access it	HR, Medical HR and Foundation Trust Office Trust Executive Group and Board members and members of the Council of Governors
Understand the document	HR, Medical HR and Foundation Trust Office Trust Executive Group and Board members and members of the Council of Governors

Have a good working knowledge of the document	HR, Medical HR and Foundation Trust Office Members of both the Nomination and Recruitment Committees of the Board of Directors and of the Council of Governors
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15. Equality impact assessment

Protected group	Impact*	Advances equality	Eliminates discrimination	Fosters good relations
Race, nationality	Neutral			
Religion, belief and non-belief	Neutral			
Disability	Neutral			
Sex	Neutral			
Gender reassignment	Neutral			
Sexual orientation	Neutral			
Age	Neutral			
Pregnancy and maternity	Neutral			
Marriage and civil partnership	Neutral			
Human rights	Neutral			
Carers	Neutral			
Other groups	Neutral			

*Impact:

Positive: Will actively promote or improve equality of opportunity or address unfairness or tackle discrimination

Negative: Will have a negative or adverse impact which will cause disadvantage or exclusion

Neutral: No likely impact on any of the protected groups

15.1 Supporting information

NA

15.2 Information not currently available

NA

15.3 Analysis of effects and outcomes

15.4 Outcome of equality impact assessment

No major change needed	Adjust Policy / proposal	Adverse impact but continue	Stop and remove policy / proposal
✓			

15.5 Action plan

Action to address negative impact	By whom	By when	Resource implication

16. Other impacts

Financial implications	NA
Training implications	NA
Other	NA

17. Document imprint

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Sheffield Teaching Hospitals NHS Foundation Trust
Fit and Proper Persons Requirement Personal Disclosure Form - existing post holders
(annual review or ad-hoc declaration)

STRICTLY CONFIDENTIAL

First Names	
Surname	
If you are known under any other name please state	
Position Held	

Please respond to the following questions. You can type your responses and the box will expand if necessary. You can add an 'X' in the relevant answer box or delete the one that does not apply. If you choose to complete by hand please continue on a separate sheet if there is insufficient space detailing the number of the relevant question/s. A hard copy of the signed form will be required.

1. Please note that this post is subject to a DBS (Disclosure and Barring check) every three years however you are also obliged to declare any other matters as outlined below which may have occurred in the interim

Are you currently or have you been the subject of action by the police? Action includes, but is not restricted to: investigation, summons, arrest, bound over, caution, reprimand, warning, driving offences, charge conviction or imprisonment which are not deemed 'protected' under the amendment to the Exceptions order 1975*, issued by a Court or Court-Martial in the United Kingdom or in any other country?

NO

YES

If **YES**, please include here details of the order binding you over and/or the nature of the offence, the penalty, sentence of order of the Court, and the date and place of the Court hearing:

You are not required to tell us about parking offences or spent driving offences

*Please note that you do not need to tell us about convictions, cautions, warnings or reprimands which are deemed 'protected' under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013. You can read guidance and the criteria for the filtering of these convictions and cautions from the Disclosure and Barring Service website at: <https://www.gov.uk/government/organisations/disclosure-and-barring-service>

2. Have you been charged with any offence in the United Kingdom or in any other country that has not yet been disposed of?

NO

YES

If **YES**, please include here details of the nature of the offence with which you are charged, date on which you were charged, and details of any on-going proceedings by a prosecuting body: You are reminded that you have a continued responsibility to inform us immediately if you are charged with any new offence, criminal conviction or fitness to practise proceedings in the United Kingdom or in any other country.

You do not need to tell us if you are charged with a parking offence.

3. Are you aware of any current NHS Counter Fraud and Security Management Service (CFSMS) investigation following allegations made against you?

NO

YES

If **YES**, please include details of the nature of the allegations made against you, and if known to you, any action to be taken against you by the NHS CFSMS.

4. Have you been investigated by the Police, NHS CFSMS or any other Investigatory Body resulting in a current or past conviction or dismissal from your employment or volunteering position?

NO

YES

If **YES**, please include details of the nature of the allegations made against you, and if known to you, any action to be taken against you by the Investigatory Body:

Investigatory bodies include: Local Authorities, Customs and Excise, Immigration, Passport Agency, Inland Revenue, Department of Trade and Industry, Department of Work and Pensions, Security Agencies, Financial Service Authority. This list is not exhaustive and you must declare any investigation conducted by an Investigatory Body.

5. Have you ever been dismissed by reason of misconduct from any employment, volunteering, office or other position previously held by you?

NO

YES

If **YES**, please include details of the employment, office or position held, the date that you were dismissed and the nature of allegations of misconduct made against you:

6. Have you ever been disqualified from the practice of a profession, or required to practice subject to specified limitations following fitness to practice proceedings, by a regulatory or licensing body in the United Kingdom or in any other country?

NO

YES

If **YES**, please include details of the nature of the disqualification, limitation or restriction, the date, and the name and address of the licensing or regulatory body concerned:

7. Are you currently or have you ever been the subject of any investigation or fitness to practice proceedings by any licensing or regulatory body in the United Kingdom or in any other country?

NO

YES

If **YES**, please include details of the reason given for the investigation and/or proceedings undertaken, the date, details of any limitation or restriction to which you are currently subject, and the name and address of the licensing or regulatory body concerned:

8. Are you subject to any other prohibition, limitation, or restriction?

NO

YES

If **YES**, please include details:

9. Have you been responsible for, been privy to, or contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity?

NO

YES

If **YES**, please include details:

10. Do you consider that there is any reason why you are not able to carry out your role by reason of health (physical or mental health)? (see note below)

NO

YES

Note: It is important to stress that the FPPR requirements regarding ability to properly perform tasks intrinsic to the office or post does not mean that people who have a long-term condition, a disability or mental illness cannot be in such a position. It would be required of the Trust to, wherever possible, make reasonable adjustments to enable an individual to carry out the role. If you wish to discuss any aspect of your response, in confidence with an Occupational Health Physician, we can make arrangements for you to do so.

If **YES**, please include details:

11. Are there any other matters that may be relevant to your position which might cause your reliability or suitability to be called into question?

NO

YES

If **YES**, please include details:

Declaration

Important: GDPR requires us to advise you that we will be processing your personal data. Processing includes: holding, obtaining, recording, using, sharing and deleting information.

The information that you provide in this Declaration Form will be processed in accordance with the GDPR. It will be used for the purpose of determining your suitability for the senior position you hold. It will also be used for purposes of enquiries in relation to the prevention and detection of fraud.

This declaration will be kept securely and in confidence. Access to this information will be restricted to designated persons within the Trust who are authorised to view it as a necessary part of their work.

In signing the declaration on this form, you are explicitly consenting for the data you provide to be processed in the manner described above.

I consent to the information provided in this declaration form being used by the Trust for the purpose of checking that I satisfy the requirements of the FPPR for the position I hold.

I confirm that the information I have provided in this declaration form is correct and complete. In addition to completing an annual FPPR questionnaire I also understand that it is a requirement that I make the Trust aware as soon as practicable of any incident or circumstances which may impact on my position and provide details of the issue to the Chair or Director of Human Resources & Staff Development so that this can be considered by the Trust.

I understand and accept that if I knowingly withhold information, or provide false or misleading information, this may result in an investigation in accordance with relevant Trust processes and could lead to the termination of the appointment .

Signature	
Full Name	
Date	

PLEASE COMPLETE, SIGN AND FORWARD A HARD COPY OF THE DECLARATION FORM IN AN ENVELOPE MARKED 'CONFIDENTIAL' FOR THE ATTENTION OF THE CHAIR.