# Fit and Proper Persons Requirement: Self-Declaration Form 2024

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| **Name** |  |

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| **Declaration** |
| * In line with the requirements of Regulation 5 of the Health and Social Care Act 2008 (Regulation Activities) Regulation 2014 and East London NHS Foundation Trust’s Fit and Proper Persons Regulations policy, I declare that: |
| * I am of good character in that I have not been convicted in the UK of any offence or being convicted elsewhere of any offence which, if committed in any part of the UK, would constitute an offence |
| * I am of good character in that I have not been erased, removed, or struck off a register of professionals maintained by a regulator of health care or social work professionals |
| * I have the qualifications, competence, skills and experience necessary for the relevant position |
| * I am able, after reasonable adjustments are made, of properly performing tasks which are intrinsic to position for which I am appointed |
| * I have not been responsible for, privy to, 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 |

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| **I satisfy the test that I am a fit person under Schedule 4 part 1 of the Regulations in that:** |
| * I am not an undischarged bankrupt |
| * My estate has not had sequestration awarded in respect of it and if it has such sequestration has been discharged |
| * I am not 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 |
| * I am not a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986 |
| * I have not made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it |
| * I am not 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 |
| * I am not prohibited from holding the relevant position, or in the case of an individual for carrying on the regulated activity, by or under any enactment |
| * I have provided details below of any issues relating to the above criteria, which are either non-compliant or where compliance is in doubt: |
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| **Employee/Director Consent and Confirmation** |
| * 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 applied for/post held * I understand and accept that if I knowingly withhold information or provide false and/or misleading information, this may lead to disciplinary action being taken against me in accordance with relevant Trust processes and could lead to the termination of the appointment * I confirm that that the information I have provided above is correct and complete * In addition to completing this self-declaration, I also understand 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 that I provide details to the Chair or Senior Independent Director (as relevant) so that this can be considered by the Trust. |

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| **Signed**  *(person making declaration)* |  | **Position** |  |
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| **Name** |  | **Date** |  |

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| **ELFT Chair/CEO Assurance Statement** | | | |
| I confirm that, having considered all the matters outlined in the Regulated Activities Regulations, and all the information and documentary evidence provided to me, the above Director meets the Fit and Proper Person Regulation requirements and I am satisfied that there are no other grounds under which the individual would be ineligible to be appointed to or continue in the post | | | |
| **Signed** |  | **Position** |  |
| **Name** *(in CAPITALS)* |  | **Date** |  |

The information provided in this form will be held by ELFT in accordance with Data Protection Act 2018 and will be processed to enable compliance with its statutory duties.

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| ***Completed form to be returned with your application for the post you have applied for to*** [***elft.compass@nhs.net***](mailto:elft.compass@nhs.net) |