# Section 10: Dealing with Criminal Records

Toolkit Template: DBS Risk Assessment form template.

This is a simple risk assessment form which can be used by Cathedral Safeguarding Advisers. Diocesan Safeguarding Advisers and Human Resources teams to manage a blemished DBS certificate. It can be used to carry out a full risk assessment to support them in making an informed and balanced decision about whether to employ or to continue to employ an individual or engage or continue to engage with a volunteer.

Before any decision is reached the individual must be offered the opportunity to discuss the contents of the DBS certificate.

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| --- | --- | --- | --- | --- | --- | --- |
| Name of individual: | | | | Date of Birth: | | |
| Address (incl postcode): | | | | Role applied for: | | |
| Body: | | | | Responsible Person: | | |
| Details of Criminal Record disclosed: | | | | | | |
| Questions to Consider: | | | | | | |
| 1. **Do the DBS Barred Listings bar the appointment? Yes/No**   *If yes, then the appointment is automatically unlawful and the person must not be appointed to the role. Do not continue with this decision sheet.* | | | | | | |
| 1. **Are you satisfied with the individual’s explanation of the circumstances of the offence?**   *All positive disclosures should be discussed with the individual.*  *Note down their explanation of the circumstances.* | | | | | | |
| 1. **Did the offence occur recently?**   *For example, minor offences that occurred a long time ago may be less relevant than ones that are very recent. Offences that took place years ago may have less relevance now, with the exception of serious violent or sexual offences.* | | | | | | |
| 1. **At what age were the offences committed?**   **Was the offence committed as an adult, or as a child or adolescent?** | | | | | | |
| 1. **Does the disclosure show a pattern of behaviour, or was the offence a one-off?**   *Repeated offences may indicate that the individual has not been able to change their offending behaviour and may be more likely to re-offend.* | | | | | | |
| 1. **Have the circumstances that contributed to the individual committing the offence or behave in such a manner changed for the better?**   *Look at all the circumstances, including the employment pattern and the individual’s own explanation.* | | | | | | |
| 1. **Did the applicant disclose any convictions, cautions, reprimands or final warnings which would not be filtered in line with current guidance, as part of the application process/at interview/or during their employment?**   *Note that a failure to disclose a relevant offence, without a satisfactory reason, will, in an employment situation, be a breach of contract and render any employment offer void or where the individual is already an employee lead to disciplinary action which may result in their dismissal.* | | | | | | |
| 1. **Were all references satisfactory and verified by telephone?** | | | | | | |
| 1. **Does the post involve responsibility for finance, items of value or other high risk areas?**   *This is particularly relevant where the disclosed offences are related to robbery, burglary or fraud.* | | | | | | |
| 1. **Does the role allow the opportunity to re-offend?**   *Consider the nature of the post in relation to the disclosed offence(s).* | | | | | | |
| 1. **What level of management/supervision/support will the person receive?**   *Will supervision reduce the risk of re-offending?? How much responsibility does the post carry?* | | | | | | |
| 1. **What mechanisms are in place to track the individual’s progress?**   *A review requirement allows for the possibility of the person moving to a role they are not currently safe for or moving into a ‘safer’ role or dismissed if there is a deterioration.* | | | | | | |
| 1. **Further comments/overall summary** | | | | | | |
| Decision (please circle as applicable) | Employ | Employ – with adjustments to role (give details e.g. supervision, monitoring arrangements etc) | | Do not employ | Suspend | Allocate to other work |
| Signed: | | | Print name: | | | |
| Date: | | | Job Title: | | | |
| Signed: | | | Print name: | | | |
| Date: | | | Job Title: | | | |

PLEASE ENSURE YOUR FINAL DECISION IS RECORDED ON THIS DOCUMENT AND SIGNED BY THE RELEVANT PARTIES.

THIS RISK ASSESSMENT SHOULD BE RETAINED IN ACCORDANCE WITH LOCAL DATA PROTECTION POLICIES.