

**Employer Declaration – Enhanced DBS including barred list check and Health Check**

**Non-salaried programmes**

Please return by **1 September** to: Admissions (Team 1), University of Northampton, Waterside Campus, University Drive, Northampton, NN1 5PH or email to [Admissions@northampton.ac.uk](mailto:Admissions@northampton.ac.uk) stating in the subject ‘Employer Declaration' followed by your student number/name

|  |  |
| --- | --- |
| Student’s name |  |
| Student’s date of birth |  |
| Employer’s name |  |
| Name of school/setting |  |
| Address of school/ setting Including post code |  |

Please tick to indicate which course this applies to:

|  |  |  |  |
| --- | --- | --- | --- |
| Foundation Degree Learning & Teaching |  | Foundation Degree Early Years |  |
| BA Early Childhood Studies Top-Up |  |  |  |

**The Employer confirms that the student named above does not have a criminal record as identified in the Enhanced DBS Checks which prevents them training to teach and working with children. Any declarations must be notified to the University before enrolment. If there are any changes during the training period, the University must be notified. The school/setting will ensure students are informed that this data will be shared with the University and stored and used in accordance with the University GDPR process.**

**I hereby declare that I consider the student named above to be physically and mentally fit to work with children.**

Now please complete the questionnaire overleaf.

**Employer Checks**

|  |  |
| --- | --- |
| 1. An Enhanced DBS check (including barred list information) was completed on…. | Date: |
| 1. The Enhanced DBS disclosure number is…. | Number: |
| 1. Disqualification Under the Childcare Act   <https://www.gov.uk/government/publications/disqualification-under-the-childcare-act-2006/disqualification-under-the-childcare-act-2006> | The School/Setting has checked the DBS with reference to this Act and updated regulations. |
| 1. A health and fitness check was completed on … | Date: |

**Employer Declaration**

|  |  |
| --- | --- |
| Employer’s signature  To confirm points 1, 2, 3 and 4 have been carried out. |  |
| Print Employer’s Name |  |
| Employer’s position |  |
| Date |  |

**Useful links:**

The ITT QTS Provider is responsible for ensuring compliance with ITT Criteria: <https://www.gov.uk/government/publications/initial-teacher-training-criteria/initial-teacher-training-itt-criteria-and-supporting-advice>

The ITT EYTS Provider is responsible for ensuring compliance with ITT Criteria:

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/647343/EYITT_Requirements_Supporting_Advice_September_2017.pdf>

**Make sure you keep a copy of this document for your record, in the event of OFSTED requiring sight of it.**