

SPECIAL TREATMENTS PREMISES
London Local Authorities Act 1991 – Part II



DECLARATION OF CONVICTIONS

Please complete this form **IN BLOCK CAPITALS**

Full name / name of organisation	
Maiden name/any other previous legal name (if applicable)	
Full Home Address (including postcode) / Registered address	
Any previous address(es) within the last 5 years	
Date of Birth (for individuals)	
Place of Birth (for individuals)	

All unspent convictions must be disclosed on this form.

If you are in any doubt as to whether a conviction is spent, a full list of rehabilitation periods for all sentences can be found at nacro.org.uk

CONVICTIONS

Please enter 'NONE' if there are none

Date of Conviction	Place of Conviction	Nature of Offence	Sentence

DECLARATION

- 1 The information given above is true and complete to the best of my knowledge.

- 2 I consent to the disclosure by the Police to the Council of any record(s) of criminal conviction(s) that I have, other than spent convictions within the meaning of the Rehabilitation of Offenders Act 1974.

Signature

Date

Name (if signed on behalf of an organisation)