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| Disclosure of criminal convictions | | |
| Applicant Information | | |
| Name: | | |
| Membership No: (if applicable) |  |  |
| Current address: | | |

# of all unspent convictions below (attached is a guide which

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| **Details of convictions - please list all of your convictions in the table below. Continue on a separate sheet if necessary** | | |
| Offence | Date | Sentence |
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| **I confirm that the information above is accurate to the best of my knowledge and belief. I understand that false information may lead to Article 15 being invoked which could result in withdrawal or refusal of membership.** | | | |

We confirm that in accordance with the Rehabilitation of Offenders Act 1974 we will not take into consideration any convictions which are classified as spent.

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| Signature of applicant : | Date: |