

FORM 4

Regulation 12(3)

Children, Youth and Families Act 2005

(Section 110(2))

APPLICATION TO SUITABILITY PANEL FOR REMOVAL OF DISQUALIFICATION

Details of Applicant—

Title _____

Full name _____

Residential Address _____

Postal Address (*if different*) _____

Gender (*Male/*Female)

Date of Birth _____

Telephone—is a text telephone required? *Yes/*No

Interpreter required— *Yes/*No (*if yes, please specify the language*)

Date you were disqualified by the Suitability Panel _____

The following three sections must be completed by the applicant—

State the reasons why you believe your disqualification should be removed _____

Set out how your circumstances have changed since you were disqualified and why you no longer pose an unacceptable risk of harm to children _____

If this application is being made before the end of the 12 month period since you were disqualified, please explain the exceptional circumstances. _____

Attach photocopies of any documents or references in support of your application (*e.g. medical reports, counselling reports, employment history*).

Signature _____

Date _____

* Delete if not applicable

IF THERE IS INSUFFICIENT SPACE TO COMPLETE YOUR ANSWERS TO THE QUESTIONS PLEASE ATTACH ADDITIONAL PAGES.