

Form of Undertaking

*This Form of Undertaking must be completed prior to the person being appointed unless the person has previously provided WWETB with a Form of Undertaking and associated statutory declaration both of which were made during the same or previous calendar year.*

I confirm that, since the date on which I signed the attached statutory declaration, to the best of my knowledge and belief there is nothing, from a child protection perspective, in relation to my conduct, character or personal background of any nature that would adversely affect the position of trust in relation to children or vulnerable persons in which I would be placed by virtue of my appointment to a teaching or non-teaching post in WWETB.

I also undertake to inform the above school authority of any changes to the above stated position that may affect my suitability, from a child protection perspective, for continued employment with the school authority or for any subsequent employment with the school authority.

I am aware that I am not now, or in the future, required to disclose to a school authority details of any conviction regarded as spent under the Criminal Justice (Spent Convictions and Certain Disclosures) Act 2016, but that, in accordance with section 10 of that Act, this does not however apply in the case of any conviction in respect of offences specified in Part I or 2 of Schedule 1 of that Act or those specified in Schedule 3 of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.

I acknowledge and understand that any false or misleading confirmation as to my conduct, character or personal background or any failure of mine to inform the school authority of relevant changes that may affect my suitability, from a child protection perspective, will constitute a breach of my contract of employment and may be grounds for summary dismissal by the school authority.

Signed: \_ Prospective employee

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnessed by: \_ (on behalf of school authority)

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_