

# Application for a Certificate to Disregard a Conviction



Please complete this form electronically, OR in block capitals with black ink, and attach a separate sheet if you need to expand upon any of the answers or wish to provide further details.

## Applicant Details

Employer : .....

Full Name : .....

Date of Birth: ..... Place of Birth: .....

Home Address: .....

.....

Telephone: ..... E-mail: .....

## Details of Disqualifying Conviction(s)

Please provide full details (including date(s)) of the disqualifying convictions for which a Certificate of Disregard is being sought.

Please provide reason(s) why the applicant believes that the unspent convictions should be disregarded (use a separate sheet if necessary). Please note that all information provided will be treated in strict confidence.

I am enclosing (please tick):

A Valid Disclosure Certificate

Personal References

Documents from the criminal trial

Other documentation

## Declaration

I declare that the information I have given is true to the best of my knowledge. I authorise the CAA to approach any referees or authors of any information supplied in this application, for verification purposes.

Signature: ..... Date: .....