**Student criminal conviction questionnaire**

If your convictions are “spent” within the meaning of the Rehabilitation of Offenders Act 1974 please tick this box 🞏 then ignore sections 2 and 3 and sign and date the declaration below.

Please provide the following (if necessary you may use the reverse of this questionnaire to provide additional information):

Section 1

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Home telephone number** |  |

Section 2

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of conviction(s)** | **Date of****conviction(s)** | **Length and description of sentence(s)** | **Age at date of conviction(s)** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

Section 3

Detail any further information that you would like the University to take into account when considering your convictions, e.g. exceptional personal circumstances.

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Declaration

I confirm the above information is complete and accurate. I understand that any offer made to me for a place on a course is conditional upon the above information being complete and accurate. I understand that failure to disclose relevant information here may lead to any offer being withdrawn or, if admission is granted, disciplinary action and expulsion from my course.

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Signed Dated