**Scrap Metal Dealer**

**Disclosure of convictions and declaration**

Before completing this form please read the guidance notes at the end of the form.

If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written or typed in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

**All convictions or formal cautions must be disclosed on this form.**

**These will not be open to inspection by the public.**

**Please note that any convictions that are spent, within the terms of the Rehabilitation of Offenders Act 1974 will not be taken into account when determining your application.**

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| **1. Your personal details** |
| TITLE Please tickMr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Other (please state)       |
| **Surname****Forenames** |  |
| PREVIOUS NAMES (if relevant) please enter details of any previous names or maiden names. Please continue on a separate sheet if necessary.  |
| TITLE Please tickMr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Other (please state)       |
| **Surname****Forenames** |  |
| **Date of Birth****Place of Birth****National Insurance Number** |  |
| **Full residential address (including postcode)** |       |
| **Full previous residential address (if you have lived at the above address less than 5 years)** |       |

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| **2. Convictions** |
|  **Please tick** |
| **Have you received a conviction?****If yes, please provide details below:** | **Yes****[ ]**  | **No****[ ]**  |
| **Name of court** |  |
| **Address of court** |  |
| **Date of conviction** |  |
| **Offence**  |  |
| **Any additional details** |  |

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| **Name of court** |  |
| **Address of court** |  |
| **Date of conviction** |  |
| **Offence**  |  |
| **Any additional details** |  |

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| --- | --- |
| **Name of court** |  |
| **Address of court** |  |
| **Date of conviction** |  |
| **Offence**  |  |
| **Any additional details** |  |

**Please continue on a separate sheet if necessary.**

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| **3. Formal Cautions** |
|  **Please tick** |
| **Have you received a formal caution?****If yes, please provide details below:** | **Yes****[ ]**  | **No****[ ]**  |
| **Name of court** |  |
| **Address of court** |  |
| **Date of conviction** |  |
| **Offence**  |  |
| **Any additional details** |  |

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| --- | --- |
| **Name of court** |  |
| **Address of court** |  |
| **Date of conviction** |  |
| **Offence**  |  |
| **Any additional details** |  |

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| **Name of court** |  |
| **Address of court** |  |
| **Date of conviction** |  |
| **Offence**  |  |
| **Any additional details** |  |

**Please continue on a separate sheet if necessary.**

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| **13. Declaration** |
| **I have read and understand the guidance notes for registration as a scrap metal dealer.****The information contained in this form is true and accurate to the best of my knowledge and belief. I understand that if I make a material statement knowing it to be false, or if I recklessly make a material statement which is false, I will be committing an offence under Schedule 1 Para 5 of the Scrap Metal Dealers Act 2013, for which I may be prosecuted, and if convicted, fined.****I understand that Gravesham Borough Council may consult with other agencies about my suitability to be licensed as a scrap metal dealer, as per section 3(7) of the Scrap Metal Dealers Act 2013, and that those other agencies may include other local authorities, the Environment Agency, and the police. I understand that the purpose of sharing this data is to form a full assessment of my suitability to be licensed as a scrap metal dealer. I also understand that the sharing of information about me may extend to sensitive personal data about any previous criminal offences, and I hereby expressly consent to this processing of my data.** |
| **SIGNATURE(s)** |  | **DATE** |       |

The following information is given as a guide as to the period after which convictions are considered spent. The period stated is reduced by half if the offender was under 18 at the date of conviction.

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| **Sentence** | **Period** |
| Absolute discharge | 6 months |
| Prison – 6 months or less  | 7 months |
| Prison – 6 months to 2½ years | 10 years |
| Prison – over 2½ years, life, at Her Majesty’s pleasure or preventative detention | Never |
| Detention – 6 months or less | 3 years |
| Detention – 6 months to 2½ years | 5 years |
| Detention in young offender institution or corrective training – over 2½ years | Never |
| Probation (convictions after 3/2/1995) | 5 years |
| Fines, compensation, community service, combination action plans, curfew, drug treatment & testing, reparation orders | 5 years |
| Conditional discharge, probation order, binding over, care order, supervision order | 1 year after conviction or 1 year after the order ends whichever is the longer |
| Disqualification | The period of the disqualification |
| Dismissal with disgrace from Her Majesty’s service | 10 years |
| Dismissal from Her Majesty’s service | 7 years |
| Detention in respect of conviction in service disciplinary proceedings | 5 years |
| Hospital order under the Mental Health Act 1983 | 5 years or 2 years after order ceases to have effect whichever is the longer |