

Scrap Metal Dealers Registration 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.

1. Your personal details	
TITLE Please tick Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> 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 tick Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> 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)	

2. Convictions						
		Please tick				
Have you received a conviction? If yes, please provide details below:		<table border="1"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No					
<input type="checkbox"/>	<input type="checkbox"/>					
Name of court						
Address of court						
Date of conviction						
Offence which resulted in the conviction						
Any additional details						

3. Formal Cautions						
		Please tick				
Have you received a formal caution? If yes, please provide details below:		<table border="1"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No					
<input type="checkbox"/>	<input type="checkbox"/>					
Name of court						
Address of court						
Date of caution						
Offence which resulted in the caution						
Any additional details						

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 Tonbridge and Malling 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.

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