

CANDIDATES RISK ASSESSMENT DECLARATION

I	_ (full name & surname)
	(ID number)
Contact number	

have never been convicted of any offences as stated on the SSA Risk assessment breakdown. I therefore authorize SSA to submit my particulars to the third party company that conducts risk assessments

I understand that if my risk assessment results are not acceptable as indicated below I will not be permitted to either sit on or continue with the course depending where the process is, and I will not be reimbursed (that is why candidates are advised to do their risk assessment evaluation before they sit on an SSA course).

POLICE/NAME CLEARANCE POSSIBLE OFFENCES

-	<u>OFFENCES</u>	SSA STATUS	<u>STATUS</u>
1	RAPE OR ANY OTHER SEXUAL ASSAULT	NO	Guilty (withdrawn & not guilty must be considered)
2	THEFT AND POSSESSION OF STOLEN GOODS	NO	Guilty(withdrawn & not guilty must be considered)
3	TRESPASS	Can be accepted	Guilty (withdrawn & not guilty must be considered)
4	MALICIOUS DAMAGE TO PROPERTY	NO	Guilty (withdrawn & not guilty must be considered)
5	ASSAULT	NO	Guilty (withdrawn & not guilty must be considered)
6	FRAUD	NO	Guilty (withdrawn & not guilty must be considered)
8	HOUSE BREAKING	NO	Guilty (withdrawn & not guilty must be considered)
9	COMMON ROBBERY	NO	Guilty (withdrawn & not guilty must be considered)
10	TRAFFIC OFFENCES – I really think this must be accepted even if its less than 10 years unless it's a hit and run	NO	If over 5 years can be accepted and after 10 years they must apply for expungement
11	IN POSSESSION OF NACOTICS	NO	Guilty (withdrawn & not guilty must be considered)
13	OFFENCES AGAINST PLANTS AND ANIMALS	NO	Guilty (withdrawn & not guilty must be considered)

SIGNATURE	DATE