

## CONDITIONAL CAUTION

Offender surname: \_\_\_\_\_ A/S No.

Forename(s): \_\_\_\_\_ URN

D.O.B: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity Code: PNC: 1 (16 + 1): \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Tel: (home) \_\_\_\_\_ Mobile: \_\_\_\_\_

### To be completed where the offender is a young person

<b><u>Appropriate Adult</u></b> Name: _____ Relationship: _____ Address: _____ Telephone/Mobile Number: _____	<b><u>Appointed YOT Worker:</u></b> Name: _____ Telephone: _____
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### **Details of the offence(s)** *(Include facts as if charged, date(s) of offence / arrest)*

Sequential No	Offence	CJSSS Offence Code

I admit to the offence(s) set out above. I understand I have the right to legal advice.

Signature of person cautioned: \_\_\_\_\_ Date: \_\_\_\_\_

### **Conditions**

I agree to comply with the following conditions of the caution:

Condition(s)	Compliance requirements, including completion / progress check dates	Evidence required
1.		
2.		
3.		
4.		

Contact details for reporting compliance with the conditions:

**Offender Declaration** - I understand the following:

- 1) That if I fail within the agreed time to comply with, or to complete, any of the conditions attached to this caution, I will be liable for prosecution for the offence(s) outlined above and this signed form may be presented as part of the case against me in a court of law;
- 2) I will inform the contact shown above without delay if: I am unable to comply with any of these conditions and explain why or I change my normal place of residence, as recorded overleaf;
- 3) A record of this conditional caution will be kept;
- 4) That the conditional caution may be disclosed, when appropriate in connection with any future criminal proceedings;
- 5) If I apply for certain jobs, either paid or unpaid, and the organisation requires me to have a criminal records check via the Disclosure and Barring Service (DBS check), you will disclose this conditional caution on a Standard or Enhanced Disclosure Certificate. (DBS checks may be requested by an employer for jobs or voluntary work where you work with vulnerable groups including children, as well as for other sensitive jobs involving a high level of trust).
- 6) If the offence I have admitted is included in the Safeguarding Vulnerable Groups Act 2006 (Prescribed Criteria and Miscellaneous Provisions) Regulations 2009 (as amended), accepting this conditional caution means I may not be allowed to do certain activities which involve working with children or adults. You have told me if this is the case. I will be committing an offence if I carry out (or try to carry out) any of those activities. You will provide details of this conditional caution to the Disclosure and Baring Service, who may consider me for inclusion in the Children's Barred List and / or the Adults Barred List which are lists kept by the Disclosure and Barring Service in reaching decisions about the suitability of persons to work with vulnerable groups.
- 7) Where one or more of the above offence(s) is listed in Schedule 3 of the Sexual Offences Act 2003 and the relevant age and disposal thresholds are met that I will become subject to the notification requirements of Part 2 of that Act (commonly known as the Sex Offenders Register);
- 8) Information on my compliance may be provided to the co-ordinators by the service providers, DIP et al;
- 9) I understand that a victim may still take out a private prosecution or civil action against me. The Police may disclose my details to a victim for this purpose.

Signature of person cautioned: .....

Signature of appropriate adult (*where applicable*): .....

Caution administered by: ..... Rank & No. / Job title: .....

Station:..... Signature:.....

Tel. No: ..... Date:.....

**For completion by the Officer in the Case / authorised person on the review date**

I hereby certify that the conditions shown above have / have not been completed satisfactorily (*attach any relevant evidence in support of this*).

Name of officer / authorised person finalising the caution: ..... Rank & No. / Job title: .....

Station: ..... Signature: .....

Tel. No: ..... Date: .....