## 

## A blue and white logo Description automatically generatedAppendix 3: New starter/annual NHS FPPT self-attestation

Every board member should complete the template (over the page) annually and this attestation should be submitted to [complete as applicable, eg the company secretary] on behalf of the chair.

This self-attestation form is important for organisations to demonstrate that they have fulfilled their duty to ensure that board members meet the requirements of [CQC Regulation 5 Fit and Proper Persons](https://www.cqc.org.uk/guidance-providers/regulations/regulation-5-fit-proper-persons-directors). The form ensures that organisations can consistently demonstrate that a formal process of fit and proper assessment has taken place for all new board members and ongoing board members, either on an annual basis, or sooner if something new and relevant to FPPT comes to light. By signing this form, you are attesting that you meet the fundamental standards set out by CQC in relation to Regulation 5 and that you are fit and proper to carry out the role of being a board member in the NHS in accordance with the [NHS England Fit and Proper Person Framework.](https://www.england.nhs.uk/long-read/nhs-england-fit-and-proper-person-test-framework-for-board-members/)

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| Fit and Proper Person Test annual/new starter[[1]](#footnote-2) self-attestation  [NAME OF NHS ORGANISATION] | |
| I declare that I am a fit and proper person to carry out my role. I:   * am of good character * have the qualifications, competence, skills and experience which are necessary for me to carry out my duties * (where applicable) have not been erased, removed or struck-off a register of professionals maintained by a regulator of healthcare or social work professionals * am capable by reason of health of properly performing tasks which are intrinsic to the position * am not prohibited from holding office (eg directors disqualification order) * have not been convicted of a criminal offence * am not an un-discharged bankrupt nor have I been subject to bankruptcy restrictions, or have made arrangement/compositions with creditors that have not been discharged * do not appear on any ‘barred’ list * have not been responsible for, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity. * hold any registration with a relevant professional body necessary to carry out my role, I have the entitlement to use any professional titles associated with this registration. If I no longer meet the requirement to hold the registration, I will inform the regulator in question.   Should my circumstances change, and I can no longer comply with the Fit and Proper Person Test (as described above), I acknowledge that it is my duty to inform the chair. | |
| Name and job title/role: |  |
| Professional registrations held (ref no): |  |
| Date of DBS check/re-check (ref no): |  |
| Date of last appraisal, by whom: |  |
| Signature of board member: |  |
| Date of signature of board member: |  |
| **For chair to complete** | |
| Signature of chair to confirm receipt: |  |
| Date of signature of chair: |  |

1. Delete as appropriate [↑](#footnote-ref-2)