**Application for Volunteer Appointment**

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| Harrow Carers is an Equal Opportunities Employer | | | | | | | | | | | | | | | | |
| All information supplied on this form is subject to the provisions of the Data Protection Act 1988 and the information provided will be treated as confidential. It will be used in connection with human resources, monitoring and management purposes only. | | | | | | | | | | | | | | | | |
| ***Please use black ink so that it can be photocopied.***  Please indicate if someone has completed the form on your behalf. You may attach a CV if you wish but this is not mandatory. | | | | | | | | | | | | | | | | |
| Date: | |  | | | | | | | | | | | | | | |
| Personal Details | | | | | | | | | | | | | | | | |
| Title: | | | |  | | | | Forename(s): | | | |  | | | | |
| Surname: | | | |  | | | | Gender: | | | | Female | | | | |
| Address: | | | |  | | | | | | | | | | | | |
| Postcode: | | | |  | | | | Evening Telephone No.: | | | |  | | | | |
| Home Telephone No.: | | | |  | | | | Mobile Telephone No.: | | | |  | | | | |
| Email Address: | | | |  | | | | | | | | | | | | |
| Date of Birth: | | | |  | | | | National Insurance No.: | | | |  | | | | |
| Position Applied For: | | | | Volunteer | | | | | | | | | | | | |
| Where Did You See the volunteer Position Advertised? | | | |  | | | | | | | | | | | | |
| Please state your current occupation, any relevant work or voluntary experience you have had or any particular skills you have which might be relevant to this voluntary position: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Languages: | | | | ***Spoken*** | | | | | | ***Written*** | | | | | | |
|  | | | | | |  | | | | | | |
| Area of Interest: | | | |  | | | | | | | | | | | | |
| Approximately how much time do you expect to give as a volunteer? | | | | | | | 1-2 hours a day | | | Are you a carer? | | | | ***Yes*** | | ***No*** |
|  | |  |
| Please O below the most suitable days, morning or afternoon: | | | | | | | | | | | | | | | | |
| ***Monday*** | | | ***Tuesday*** | | | ***Wednesday*** | | | ***Thursday*** | | | | ***Friday*** | | | |
| AM | PM | | AM | | PM | AM | | PM | AM | | PM | | AM | | PM | |
|  |  | |  | |  |  | |  |  | |  | |  | |  | |

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| Disability | | | | | | | | | | |
| The Disability Discrimination Act defines a ‘disabled person’ as a person with: ‘*A physical or mental impairment which has a substantial or long-term adverse effect on their ability to carry out normal day to day activities*.’ The following questions on disability are to help us assess your suitability for volunteering. They in no way attempt to preclude applications from people with disabilities. | | | | | | | | | | |
| Do you have a disability? | | ***Yes*** | ***No*** | If yes, how does it affect you: |  | | | | | |
|  |  |
| References | | | | | | | | | | |
| Please supply the names and addressed of two people, not relatives, who know you well and whom we can contact for character reference. They should have known you for over two years  and, if possible, one should be your present or last employer. | | | | | | | | | | |
| ***Reference #1*** | | | | | | | | | | |
| Name: | | |  | | | | | | | |
| Company/Employer: | | |  | | | | Position Held: | |  | |
| Address: | | |  | | | | | | | |
| Postcode: | | |  | | | | Telephone No.: | |  | |
| Email Address: | | |  | | | | | | | |
| ***Reference #2*** | | | | | | | | | | |
| Name | | |  | | | | | | | |
| Company/Employer: | | |  | | | | Position Held: | |  | |
| Address: | | |  | | | | | | | |
| Postcode: | | |  | | | | Telephone No.: | |  | |
| E-mail Address: | | |  | | | | | | | |
| Equal Opportunities Monitoring Information | | | | | | | | | | |
| The information given will be in strict confidence and are for monitoring purposes only.  I consider my ethnic origin to be (**Please O as appropriate**): | | | | | | | | | | |
| Black: | ***Caribbean*** | | | | | ***African*** | | | | ***Other (please specify)*** |
|  | | | | |  | | | |  |
| White: | ***UK*** | | | | | ***Irish*** | | | | ***Other (please specify)*** |
|  | | | |  | | | | |  |
| Asian: | ***Indian*** | | | ***Pakistani*** | ***Bangladeshi*** | | | ***Chinese*** | | ***Other (please specify)*** |
|  | | |  |  | | |  | |  |

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| Disclosure Form | | | | | | | | | | | | | |
| The nature of the work of this organisation dictates that we must ask you the following questions. Please be assured that this is in confidence and will not necessarily preclude you from being a volunteer. | | | | | | | | | | | | | |
| Have you ever been convicted of any criminal offence by a Court of Law? (**Please O as appropriate**) | | | | | | |  | | | ***Yes*** | | | ***No*** |
|  | | |  |
| If ‘Yes’, could you please supply us with details of the nature of the offence(s) and the date(s) of your conviction(s) | | | | | | | | | | | | | |
| Date(s): | | Conviction(s): | | | | | | | | | | | |
|  | |  | | | | | | | | | | | |
| I certify that the above is a true statement | | | | | | | | | | | | | |
| Signed: | |  | | | | | | | Date: | | |  | |
| The possession of a conviction will not necessarily debar you from becoming a volunteer unless Harrow Carers consider that your conviction/s render you unsuitable. In making this decision we will consider the nature of the offence and any other relevant factors.  Failure to disclose any criminal offences could lead either to your application being rejected or, if you become a volunteer, to immediate release from the scheme, if it is subsequently learnt that you do have a criminal conviction or convictions. | | | | | | | | | | | | | |
| DBS | | | | | | | | | | | | | |
| Do you have a current DBS certificate (in the last year)? | ***Yes*** | | ***No*** | | If yes, what date was it issued and send copy with application |  | | | | | | | |
|  | |  | |
| Emergency Contact | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | |
| Telephone No.: | |  | | | | | | | | | | | |
| Relationship: | |  | | | | | | | | | | | |
| Volunteers Confidentiality Form | | | | | | | | | | | | | |
| It is the responsibility of the organisation, including its committee members, employees and volunteers to protect oral or written information which is regarded as confidential. We ask that you respect such confidential information and refrain from its disclosure without consent of the carer, or a person entitled to act on his/her behalf, except where the disclosure is required by law or by the order of a court or is necessary in the public’s interest. | | | | | | | | | | | | | |
| ***I agree to maintain confidentiality whilst volunteering for Harrow Carers. I understand that if I leave the Charity, I remain bound by the agreement.*** | | | | | | | | | | | | | |
| Signed: | | | | | | | | | | | | | |
| Volunteer Name: | | | |  | | | | Dated: | | |  | | |