



IN CONFIDENCE

Volunteer Application Form

Application for the post of

Title Surname

Other Names

Address

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.....

Post Code Telephone No

Mobile No Works Telephone No

Email Address

Date of Birth and Age

Marital Status

Name and Address of person to contact in an emergency

.....

.....

Do you have any physical/medical conditions which could seriously limit your ability to satisfactorily fulfill this post

.....

.....

Availability hrs per *week / fortnight

Day of week *Mon / Tue / Wed / Thurs / Fri / Sat / Sun

* Delete as applicable

Name and Addresses of Two Referees (one of which should be given in a professional capacity if possible).

Name and Address (1)

Name and Address (2)

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Please give any additional information which is relevant to the post applied for. This should include details of appropriate professional and personal experience, training and skills.

HOBBIES AND INTERESTS:

The appointment is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. You are therefore not entitled to withhold information about convictions which for the purpose are 'spent' under the Provisions of the Act. All appointments are offered subject to the relevant Disclosure issued by the Criminal Records Bureau (see Equal Opportunities Policy). Any information given will be kept in the strictest confidence.

Please answer the following questions (we will not be able to consider your application if you fail to answer):-

Are you currently the subject of any police investigation and/or prosecution, in the UK or any other country. Yes/No

Have you ever been convicted of a criminal offence required by law to be disclosed, received a police caution in the UK, or a criminal conviction in any other country. Yes/No

Are you currently the subject of any investigation or proceedings by any body having regulatory functions in relation to health/social care professionals including such a regulatory body in another country. Yes/No

Have you ever been disqualified from the practice of a profession or required to practise it subject to specified limitations following a fitness to practise investigation by a regulatory body, in the UK or another country. Yes/No

I confirm that the answers I have given are correct, that I have read the Equal Opportunities Policy and understand that failure to disclose relevant information may result in us being unable to continue to use your services.

Signed Date

The Data Protection Act 1998 Information provided by you on this application form may be copied for use during the recruitment procedure. Once the recruitment procedure is completed, the data will be stored for at least six months and then destroyed.

I confirm that the information provided by me on this application form is correct. I consent to the use of this information during the recruitment process.

If you are successful, relevant information may be taken from this form and used as part of your personnel record.

Signed Date