

**APPLICATION FORM**

Please use this form to tell us about your relevant skills and experience to help us to assess how we can best support you as a volunteer.

**Please complete all sections**

|  |  |
| --- | --- |
| Team/Role interested in volunteering in |  |

 **Data Protection 1998**

The information provided on this form will be processed accordance with the Data Protection Act 1998. This means that the information will be kept securely and confidentially, and only disclosed to an appropriate authority.

**Section A**

* **About You**

|  |  |
| --- | --- |
| Family Name (e.g. surname): | Surname at Birth (if different):  |
| Forename(s):Sarah Elizabeth  | Preferred Name:  |
| Title (e.g. Ms, Mr, Mrs, Dr, Miss):  |
| Current Address:  | Postcode:  |
| Email Address:  |
| Telephone Numbers:  | Home: N/A |
| Work (if convenient): |
| Mobile:  |
| Date of Birth: |
| National Insurance Number: |
| Do you have a driving licence:  |
| If YES driving licence number and category:  |

**General Availability – when are you free to help out?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Mornings** | **Afternoons** | **Evenings** |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |
| Sunday |  |  |  |

**General Interests**

* **Day farming –** outdoor work supporting people with learning disabilities
* **Centre based day services –** indoor work supporting people with learning disabilities
* **Office/ Admin –** supporting our office team with administration/ IT tasks

**Qualifications/Training**

|  |  |
| --- | --- |
| **Qualification/Training** | **Details** |
|  |  |
|  |  |
|  |  |
|  |  |

**Additional Interests**

Please fill in the fields below to the best of your ability. If you have any questions please contact a member of the team on 01434 618149.

What are the main reasons you would like to volunteer?

|  |
| --- |
|  |

Please list any relevant experience

|  |
| --- |
|  |

Where did you hear about Natural Ability?

|  |
| --- |
|  |

**Medical Information**

Do you have any medical conditions/allergies that a first aider should be aware of?

|  |
| --- |
|  |

**Emergency Contacts**

|  |  |
| --- | --- |
| Emergency Contact Name 1 |  |
| Relationship to you |  |
| Emergency contact phone number |  |
| Emergency Contact Name 2 |  |
| Relationship to you |  |
| Emergency contact phone number |  |

**References**

We require a minimum of two references, these can be character or employer references and should cover a minimum of the previous five years of employment/ full time education.

If you are unable to provide references that meet our full criteria please speak to our HR Advisor who will discuss suitable alternatives with you.

As we work with children and vulnerable adults, one referee wil ideally make reference to your suitability to work with vulnerable people and/or children. References will be checked and verified before commencing employment. We recommend that you contact your referees in advance to check they are willing to act as a referee.

|  |  |
| --- | --- |
| Referee 1 |  |
| Name: |  |
| Relationship to you: |  |
| Position Held: |  |
| Organisation: |  |
| Address and Postcode: |  |
| Telephone Number: |  |
| Email Address: |  |
| Referee 2 |  |
| Name: |  |
| Relationship to you: |  |
| Position Held: |  |
| Organisation: |  |
| Address and Post: |  |
| Telephone Number: |  |
| Email Address |  |
| Referee 3 |  |
| Name: |  |
| Relationship to you: |  |
| Position Held: |  |
| Organisation: |  |
| Address and Post: |  |
| Telephone Number: |  |
| Email Address |  |

Add more if required to cover five years of employment.

**Data Protection**

We will retain all volunteer application documents for one year from the date they are received by us to enable us to comply with employment legislation.

**Section B**

**Self-declaration Form and Guidance**

**Disclosure and Barring Service (DBS) checks**

All eligible post in England involving work with vulnerable groups, including children, will require a Disclosure and Barring Service (DBS) check.

Having a criminal record will not necessarily bar you from working with us. This will depend on the nature of the position and the circumstances and background of your offences.

Under the Rehabilitation of Offenders Act, you only have to declare “unspent” convictions. However, if the post you are applying for is one which is an exception under this Act, and is eligible, we will ask anyone who is provisionally offered a position/role to undertake an up-to-date check from the DBS which may provide information about previous convictions, cautions, reprimands and final warnings which might otherwise be regarded as “spent”. If this is the case, it will be clearly stated on the advertisement and Job Description.

**Self-disclosure of Criminal Record Information**

The criminal record information you are required to provide as part of this form is not used for shortlisting purposes. However, if you are shortlisted for interview, your self-disclosed criminal record information will be discussed with you if the interview panel feel it is relevant to the post for which you are applying.

Criminal Record information is dealt with in accordance with the Disclosure and Barring Service Code of Practice, which can be viewed on the website: [www.homeoffice.gov.uk](http://www.homeoffice.gov.uk/)

If you have lived, studied or worked overseas in the last five years for a period of three months or longer you are required to obtain a Certificate if Good Repute (also referred to as a Statement of Good Conduct) from the national embassy of the country/countries where you have resided to verify that you did not receive any convictions while living there. We would only expect an applicant to arrange for a Certificate of Good Conduct after the offer of employment has been made. The cost of this would be met by the applicant.

**Please read the question below related to information about criminal records:**

If the answer to the question is “yes” please provide details of offences penalties, dates and the country in which they occurred, or of allegations made against you, in a sealed envelope marked with your name, the post you are applying for and the job reference number. Attach this to your application form.

Do you have any **unspent** convictions, reprimands or warnings? **Yes/No**

**Right to Work in the UK**

We have a legal obligation to check that individuals have a right to work in the UK before we employ them. Please confirm that you have a right to work in the UK and that have documentary evidence for this (either a British Passport or Visa). You will be asked to bring this with you if called for interview.

I can confirm that I have the right to work in the UK and that I have documentary evidence for this

 **Yes/No**

**Access Requirements for Applicants with a Disability**

We take all reasonable steps to remove any barriers you may otherwise face when attending for interview.

Do you have any access requirements that we need to be aware of if you are invited for interview?

**Yes/No**

**Disciplinary Action**

Please read the questions below about disciplinary action. If you need to answer “yes” to any of them, please provide details in a sealed envelope attached to your application and marked “confidential” with your name, post and post reference number written on the outside of the envelope. The envelope will not be opened unless you are provisionally offered a role after interview. Answering “yes” to any question about disciplinary action will not mean that you cannot be considered for this job.

Have you been the subject of a formal disciplinary action by your current employer? **Yes/No**

Are you the subject of on-going disciplinary proceedings by your current employer? **Yes/No**

Have you ever been the subject of any form of disciplinary action by a previous employer or were you the subject of any incomplete disciplinary proceedings at the time you left? **Yes/No**

Are you or have you ever been subject to any sanctions imposed by a professional body?

 **Yes/No**

**Conflict of Interest**

To enable Natural Ability to manage any potential or perceived conflict of interest we need to know whether a member of your family is a recipient of Natural Ability services or is employed by, volunteers for, or is a director of Natural Ability. Family member means partner, parent, child, aunt, uncle, cousin or grandparent.

Is any member of your family a recipient of Natural Ability services? **Yes/No**

 Is any member of your family an employee, volunteer or director of Natural Ability? **Yes/No**

 If you have answered “yes” to either of the above questions please provide details on a separate piece of paper, place it in a sealed envelope and write your name, position applied for and post reference number on the outside of the envelope. This declaration does not influence the outcome of the recruitment process but allows Natural Ability to manage any potential or perceived conflict of interest appropriately.

**Declaration**

By signing this declaration, you are agreeing with the statements below, which may be referred to in the future.

* I confirm that all the details have provided in this application from are correct, and that I have not withheld any relevant information
* I have not attempted to influence an employee of Natural Ability in connection with this application
* I understand that deliberately providing false information, failing to disclose relevant information, or attempting to influence the recruitment process unfairly may lead to my application being rejected, any offer of employment (paid or unpaid) being withdrawn, or actual employment (paid or unpaid) being terminated
* I give consent for Natural Ability to be given details of my attendance record over the last two years, including periods of sickness and other absence and the reasons for them, for reference purposes, and held in accordance with the Data Protection Act 1998
* I note that the information provide on the application form may be held, further processed or verified in accordance with the Data Protection Act 1998

**Name**

**Signature**

**Date**