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| Volunteer Application Form |  |

Please complete this form in full and hand it to HR c/o Horizon Church Sutton or if electronically completed email it to shona@horizonchurchsutton.org

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| **Volunteer position applied for** | Working with children / Working with adults (delete as necessary) |
| Location | Horizon Church Sutton, Assembly Walk, Carshalton, SM5 1JH |

**Personal details**

|  |  |
| --- | --- |
| Surname |  |
| Forename(s) |  |
| Address  |  |
| Postcode |  |

**Contact details**

|  |  |
| --- | --- |
| Mobile number |  |
| Home telephone number |  |
| Email address |  |

**Referees (we need references from two people, one of whom should be a professional person if possible. If you are unable to do this, please provide the names of academic and personal referees).**

|  |  |
| --- | --- |
| Name Name | Name  |
| Address  | Address  |
| Organisation  | Organisation:  |
| Position in organisation  | Position in organisation  |
| Relationship to you  | Relationship to you  |
| Tel  | Tel  |
| Email  | Email  |

*Please put a cross in the box if you do not wish us to contact any of your referees before interview. We prefer to receive at least one reference prior to interview.*

**Education and training**

|  |  |  |  |
| --- | --- | --- | --- |
| Dates from/to | Full/Part time | Institute/Awarding Body  | Qualifications gained/Training attended |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Working in the UK**

**Do you have the appropriate leave to work in the UK for the position you have applied for? YES / NO**

The British Asylum and Immigration Act requires that all successful candidates must provide evidence of their immigration status and eligibility to work in the UK. You will be asked to provide evidence, if you are called for an interview.

**Health**

Do you consider yourself to be disabled?

**Yes** 🗌  **No** 🗌 **Prefer not to say**  🗌

If your answer is yes, please give details:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Do you have any actual or past medical conditions that may affect your role while volunteering?

**Yes** 🗌 **No** 🗌  **Prefer not to say** 🗌

If your answer is yes, please give details:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Criminal Convictions**

**Please answer the questions and sign the declaration below to demonstrate that you are safe to work with children. If there are any aspects of the declaration that you are not able to meet, you should disclose this immediately to the person responsible for recruiting you as a volunteer.**

**Please circle yes or no against each bullet point): -**

|  |  |
| --- | --- |
| * **Have you been cautioned, subject to a court order, bound over,**

 **received a reprimand or warning or found guilty of committing any offence?** | **Yes/ No** |
| **Are you disqualified from caring for children or included on the Children’s Barred List? Please answer the questions below:*** **have you been convicted of an offence against a child (for example murder, kidnapping, rape, indecent assault, assault causing actual bodily harm, etc.)?**
* **are you included on the barred list of persons considered unsuitable to work with children, which is held by the Disclosure & Barring Service (DBS)?**
* **have you been made the subject of an order where a child has been removed from your care or prevented from living with you?**
* **have you been refused registration as a childminder, foster parent, nursery owner or children’s home provider, or had your registration cancelled?**
* **do you live in the same household as another person who is disqualified known as disqualification ‘by association’ (someone who has been convicted of an offence against a child)?\***
 | **Yes/ No****Yes/ No****Yes/ No****Yes/ No****Yes/ No** |
| * **Have any of your own children been subject to a child protection plan whilst in your care?**
 | **Yes/ No** |
| * **Please answer these questions regarding any medical conditions that could affect your ability to care for children?**
* **are you suffering from any other ongoing medical conditions that require you to undertake medication on a regular basis?**
* **have you ever suffered from blackouts, seizures or fits?**
* **are you taking any other medication on a regular basis or any other substances?**
* **Do you have any other medical conditions which could affect your ability to care for children or that you feel we need to know about?**
 | **Yes/ No****Yes/ No****Yes/ No****Yes/ No** |

**If you have answered YES to any of the questions, please provide further information below, including, where possible, the names of any professionals who may need to be contacted (hospital consultant, GP, social worker, etc.):-**

**…………………………………………………………………………………………………………………….**

**…………………………………………………………………………………………………………………….**

**…………………………………………………………………………………………………………………….**

**\*If you have answered YES to the question about living with someone who is disqualified; known as disqualification ‘by association’ you MUST provide the following information:**

**Provide details of the person you are associated with?**

**First Name/s Surname: DOB:**

1. **Provide details of any order, determination, conviction, or other ground for disqualification from registration under the Childcare (Disqualification) Regulations 2009;**
2. **Provide the date of the order, determination or conviction, or the date when the other ground for disqualification arose;**
3. **Provide information about the body or court which made the order, determination or conviction, and the sentence (if any) imposed; and**
4. **Provide a certified copy of the relevant order (in relation to an order or conviction)**

**PLEASE SIGN THE DECLARATION BELOW**

* **I understand that if I fail to provide a true and accurate information on this form, and disclose all information regarding my suitability to care for children, that I will no longer be used as a volunteer, and that, if children are at risk, information regarding my suitability will be referred to relevant agencies**
* **I understand my responsibility to safeguard children and am aware that I must notify my manager of anything that may affect my suitability as soon as possible (for example, concerns raised about my ability to protect my own children, or notification that I am living with a disqualified person etc.)**
* **I will ensure I notify my manager of any convictions, cautions, court orders, reprimands or warnings I may receive**
* **I am aware that if I am taking medication on a regular basis I must notify my manager, and must keep the medication in a safe place, out of reach of children**
* **I will ensure I notify my manager if I experience any health concerns which could impact upon my ability to work with children**
* **I give permission for contact to be made with any previous settings I have worked at, local authority staff, the police, the DBS, Ofsted, the LADO or any medical professionals to share information about my suitability to care for children, subject to the usual information sharing protocols**

**Personal statement**

Using the job description and person specification, provide us with your reasons for applying for the job and give examples of work, voluntary or life experiences that are relevant to the job and person specification. Please also explain how your skills, qualifications and overall experience relate to the requirements of the job. Your statement should not run to more than two pages of A4.

|  |
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| Personal statement - continue on separate sheet if necessary |

**Declaration**

By submitting this application form you are giving permission for your personal information to be stored and processed for the purpose of arriving at selection decisions, for it to be used as a basis for a personal record and for sensitive data to be used for the purpose of equal opportunities monitoring. If you are appointed to this volunteer position based on any false information you have knowingly supplied, your volunteering role with us may be terminated.

The information I have given in this application is, to the best of my belief, accurate.

|  |  |
| --- | --- |
| Name  | Date  |
| Signature |  |