

VOLUNTEER/STUDENT PLACEMENTS APPLICATION FORM

(PLEASE USE CAPITAL LETTERS)

FULL NAME (please include title):								
ADDRESS:								
POSTCODE:								
TELEPHONE NO :								
MOBILE NO :								
EMAIL:								
GENDER:								
DATE OF BIRTH:								
National Insurance NO:								
NATIONALITY								
ETHNICITY:								
DISABILITY:								
ROLE APPLIED FOR:								
HOW DID YOU HEAR ABOUT US?								
QUALIFICATIONS:								
WHAT EXPERIENCE DO YOU								
HAVE THAT YOU WANT TO								
BRING TO YOUR								
VOLUNTEERING ROLE?								
PLEASE LIST SKILLS,								
KNOWLEDGE, ABILITIES &								
HOBBIES:								
WHY DO YOU WANT TO								
VOLUNTEER WITH US?								
WHICH DAYS ARE YOU								
AVAILABLE? (Please circle)	Mon	Tues	Wed	Thurs	Frid	Sat	Sun	
HOW MANY HOURS WOULD								
LIKE TO VOLUNTEER PER WEEK?	2	4	6	8		10	10+	
(Please circle)	_	7	Ū	o		10	101	
(Please circle)								
TIME OF THE DAY	Morning		After	noon		Evening		
TIME OF THE DAT			711001			246111118		
REFERENCES	PLEASE SEI	E SEPARATI	E ATTACHME	NT				
ENHANCED DBS CHECK:	All posts def	fined as "re	gulated acti	vity" are sub	ject to an	Enhanced D	BS check so that any	
	criminal background (including "spent" convictions, bind-over orders or cautions) is disclosed							
	to the organisation. We cannot employ someone to this post without this check. If you are							
	successful in applying for this post we will ask the DBS for a Disclosure.							
	The position for which you are applying involves contact with vulnerable groups. It is exempt							
	from the Rehabilitation of Offenders Act 1974 and all subsequent amendments (England and							
	Wales). For this position you are not entitled to withhold information about police cautions, bind-overs, or any criminal convictions that would otherwise have been considered "spent"							
	under the Act.							
	Have you ever been convicted of any offence, been bound-over, or given a caution?							
	(see notes above)							
		•						
	YES	NO	(circle	whichever	is appro	priate)		
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Registered address: P O Box 2489, Bush House, Bush Fair, Harlow, Essex, CM18 6NS

■: www.SaferPlaces.co.uk

2: 08450 743216



	*If yes, please give details in the space provided below. The information you provide will be treated in confidence.						
	Are you currently the subject of any police investigations following allegations made against you?						
	YES NO (circle whichever is appropriate)						
	*If yes, please give details in the space provided below. The information you provide will be treated in confidence.						
SAFEGUARDING DECLARATION:	I declare that the information I have given on this form is complete and accurate and that: I am not barred or disqualified from working with vulnerable groups, children or young people I am not subject to any sanctions or conditions on my employment imposed by the Independent Safeguarding Authority, Secretary of State or other regulatory body. NAME: SIGNATURE: DATE:						
GENERAL DECLARATION	I declare that the information I have given on this form is complete and accurate. NAME: SIGNATURE:						
SAFER PLACES STAFF MEMBER							
SIGNATURE							
DATE							