

Application for voluntary work in a care setting

Please complete in full all sections of this form using **black ink** (write 'not applicable' where appropriate)
Curriculum Vitae (CVs) must **not** be enclosed with this application

Registered Charity No 286650

Voluntary role

Role applied for _____ Location _____ Reference No. _____

Where did you see this position advertised? _____

Personal details

Title Surname Address

Forename

Telephone No.

Postcode

email address

Mobile No.

National Insurance Number

Do you hold a full driving licence? Yes No

Any driving convictions? Yes No

Are you a car owner? Yes No

Current endorsements? Yes No

Please give details of any driving convictions or endorsements in the box below

Employment History

Name and address of present or most recent employer Reason for leaving (if applicable)

Date started Date of leaving (if applicable) Position held

Please give a brief description of duties and responsibilities in box opposite (use separate sheet if necessary)

Education - Please give particulars of all courses taken, stating whether full or part-time

Dates attended		Name and address of high school(s) attended	Qualifications and dates obtained
From	To		
From	To	Name and address of colleges / universities attended	Qualifications and dates obtained

Previous employment - Please show most recent first, accounting for any breaks in employment

Please continue on a separate sheet if necessary

Date to		Date from		Name and address of employer	Job title	Reason for leaving
Month	Year	Month	Year			

Other training (e.g NVQs or other relevant specialist training and short courses)

Please continue on a separate sheet if necessary

Date attended	Duration	Course title or subject covered	Grade / level obtained

Membership of professional or technical associations / bodies (where appropriate)

Name of professional or technical association / body	Membership status	Membership number

Interests and hobbies (including other voluntary or community-based experience)

Health

Do you have any health problems that would prevent / restrict you in carrying out the role you are applying for?

Yes No

Please give details _____

Name and address of your GP _____

Statement in support of your application

Please explain why you wish to undertake this voluntary work. Highlight any relevant experience, employment or education you may have.

Please continue on a separate sheet if necessary

Referees

Please give the names of three people who are in a position to comment on your suitability as a candidate for this voluntary work, but who are not closely related to you.

Referee (1) must be from your present or most recent employer.

(1) Referee name _____	Job title _____
Address and organisation name if appropriate _____	
Postcode _____	Telephone number _____
Relationship to you _____	May we obtain reference now? _____
(2) Referee name _____	Job title _____
Address and organisation name if appropriate _____	
Postcode _____	Telephone number _____
Relationship to you _____	May we obtain reference now? _____
(3) Referee name _____	Job title _____
Address and organisation name if appropriate _____	
Postcode _____	Telephone number _____
Relationship to you _____	May we obtain reference now? _____

Disclosure of convictions / cautions / warnings

If you are applying for a position which will give you access to persons under the age of 18 in the normal course of your duties, you should note that, by virtue of the Rehabilitation of Offenders Act (ROA) 1974 (Exceptions) Order 1975, as amended by the ROA 1975 (Exceptions (Amendment) Order 1986, convictions which may be considered to be 'spent' for other purposes must be disclosed when answering the question in this section. All applicants offered an appointment in posts that are exempt from the conditions of the ROA will also be required to complete a Criminal Records Bureau disclosure.

Have you ever been:

1. Found guilty of committing an offence or of having done the act or made the omissions with which you were charged in any proceedings brought by a local authority in relation to the care of a person under the age of 18? Yes No
2. Convicted / cautioned / warned of an offence (other than motoring offence not resulting in disqualification) in any criminal proceedings in any court of the UK or elsewhere? Yes No
3. Requested to attend a Disciplinary Hearing where a Disciplinary Penalty has been imposed against you? Yes No
4. Are there any criminal or employment disciplinary proceedings pending against you? Yes No

If you answer Yes to any question in this section please give details _____

Disqualified for Caring for Children Regulations 1991

If any of the following is applicable to you, you will be disqualified from working in a care setting for children and young people and may be precluded from working with people under the age of 18. Break would not therefore allow you to work as a volunteer. Please read the following carefully and, if in any doubt, you should discuss the matter with Break's Human Resources Department.

You will be disqualified if:

1. You have had a child / children who have been made the subject of a care order under The Children Act 1989, The Children and Young Persons Act 1969 and any subsequent amendment to these Acts including further legislation.
2. You have had a child / children who has / have been the subject of the following: a Supervision Order that as a requirement he or she lives in Local Authority accommodation; have been made the subject of an improved school order; parental rights or trainee school order.
3. You have had your parental rights and powers removed in respect of a child / children or they have been made the subject of a supervision requirement under Scottish law.
4. You have had a child / children who has been made the subject of an order, which removed them from an adoption placement.
5. There has been an order removing a child / children from your care who was a foster child.
6. You were someone who was concerned with the management or had financial interest in a private or voluntary home which has been de-registered, has been refused registration or there has been a cancellation of the registration.
7. You have been prohibited from privately fostering a child / children or consent has been withheld for the care and maintenance of that child / children.
8. You have had a registration refused in respect of day-care or child-minding or had registration cancelled under past or present legislation.
9. You have committed one of the offences set out in the schedule to the Disqualification for Caring for Children Regulation 1991. These offences include offences against children and any offence involving injury or threat of injury to another person. You will be asked to supply details of ANY offences as part of the process of recruitment.

I declare that none of the circumstances set out in the Disclosure of Convictions / Cautions / Warnings and / or in the Disqualifications for Caring for Children Regulations apply to me. NB. Failure to declare any such circumstances will lead to dismissal from Break.

Signed _____

Name (please PRINT in block capitals) _____ Date _____

Equal Opportunities

Break is committed to an Equal Opportunities Policy which includes ensuring people with disabilities receive fair treatment. If you consider yourself to be a person with disabilities, please give information about the nature of your disability and also give information about arrangements Break might make to give you a fair interview. We may need to contact you for further information.

Nature of disability _____

If you are registered disabled please give Disability Number _____

Data Protection

I understand and agree that Break is permitted to hold personal information about me, as identified on this application form, as part of its Personnel Records and may use such information in the course of the charity's activities. By completing this application form I agree that Break may disclose such information to third parties in the event that such disclosure is, in the organisation's view, required for the proper conduct of the charity's activities. This applies to information held, used or disclosed in any medium.

Signed _____ Date _____

Declaration

I confirm that the information given in this application form is true and correct and I understand that any misrepresentation will invalidate my application. I confirm that, to the best of my knowledge, there are no medical reasons which would prevent me from undertaking this voluntary role.

Signed _____ Date _____