

**Volunteer Application / Information Capture Form**

**Personal Details**

<b>First Name:</b>		<b>Surname:</b>	
<b>Date of Birth:</b>		<b>Gender:</b>	
<b>Email:</b>		<b>Phone:</b>	
<b>Address:</b>			
<b>Postcode:</b>			

**Emergency Contact:**

<b>Contact Name:</b>		<b>Phone:</b>	
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**Disclosure of Medical Conditions and Allergies:**

*Please let us know any medical conditions or allergies that we should be aware of that may restrict your activities or require knowledge of if you become unwell.*

<b>Medical History:</b>	
<b>Allergies:</b>	Do you have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state:

**Your Experience:**

<b>Please state the key skills and experience you can bring to the role:</b>

<b>Please state why you have decided to join the CFDN charity:</b>

**Equal Opportunities:**

<b>Ethnicity:</b>		<b>Religion:</b>	
<b>Disability:</b>	Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Where did you hear about us?</b>	
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**Referencing & Disclosure of Criminal Records:**

Please provide the below details of someone who has known you for at least 3 years and is willing to provide a character reference.

Note that the post you are applying for is exempt from the Offenders Act (Exceptions Order) 1974 and therefore you are required to declare the above that are not 'protected'. For further information, please refer to: <https://www.gov.uk/government/publications>

<b>Referee Full Name:</b>		<b>Email:</b>	
<b>Relationship:</b>		<b>Phone:</b>	

<b>Have you ever been convicted by the courts or cautioned, reprimanded or given a final warning by the police that are not 'protected' (i.e. filtered out) as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details below.
<b>Have you ever been disqualified or barred from working with children or vulnerable adults or subject to any other sanctions imposed by a regulatory body?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details below.
<i>Further details:</i>	
<b>Are you on the Disclosure and Barring Service (DBS) Update Service? If yes, please provide certificate no:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Cert No: _____

**Confirmation:**

I declare that the information provided in this application is true to the best of my knowledge. I understand that to undertake this role I will be required to undertake a Disclosure and Barring Service (DBS) Check, References and Identification/Right to Volunteer Check.

You will be required to provide proof of identity documents (eg Passport, Driving Licence, Birth Certificate etc). By submitting this application you are consenting to the recruitment process.

<b>Full Name:</b>		<b>Signature:</b>	
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