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**Volunteer Application Form**

**Part A** - Information provided in this section will be used in the shortlisting process for this vacancy

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| Position Applied For |
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**Your Availability**

**Please tell us when you are most likely to be available to volunteer:**

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

**Why do you want to volunteer for Henshaws**

Please tell us why you would like to volunteer at Henshaws

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**Your Skills and experience**

Referring to the role descriptor, please state how your skills, qualifications and experiences specifically match the criteria. Please give specific examples of any skills, abilities and achievements; these examples may be from employment, education or voluntary experience

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**Part B** - Information provided in this section will be removed prior to the short listing process for this vacancy to ensure an anonymous application.

**About You**

|  |  |
| --- | --- |
| Title (i.e. Miss/Mrs/Mr/Dr |  |
| First Name |  |
| Surname |  |
| Home Address |  |
| Postcode |  |
| Telephone - Mobile Number |  |
| Telephone - Home Number |  |
| Email Address |  |
| Date of birth |  |
| Marital Status |  |
| Please list any names that you are known by including any previous names and dates you were known by these names |  |
| Emergency Contact Name |  |
| Emergency Contact Address |  |
| Emergency Contact Number |  |
| Relationship to you  (i.e. partner, parent etc) |  |

**Accessibility**

**Would you like to be considered for interview under the disability confident scheme?**

|  |  |
| --- | --- |
| Yes | No |

**Please detail any reasonable adjustments you may require if you are invited to a meeting/assessment?**

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| Please detail any reasonable adjustments you may require if engaged as a volunteer at Henshaws |

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| --- | --- |
| How did you hear about this Volunteer Role? |  |

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| Do you have a close personal relationship with, or are you related to, an employee or volunteer of Henshaws?  If yes, please give the name of the employee/Volunteer |
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**Your Referees**

Offers of volunteering roles are subject to two satisfactory references. Please provide details below of your referees. Please note references will not be sought until an offer of A Volunteering role has been made. (Suitable referees: Employment, Volunteering, Education, Friend (not family), Professional person)

**Reference 1 – details of referee**

|  |  |
| --- | --- |
| Full Name |  |
| Job title |  |
| Company |  |
| Address |  |
| Postcode |  |
| Email |  |
| Telephone number |  |
| Relationship to you (i.e. manager, HR dept., teacher etc.) |  |

**Reference 2 – details of referee**

|  |  |
| --- | --- |
| Full Name |  |
| Job title |  |
| Company |  |
| Address |  |
| Postcode |  |
| Email |  |
| Telephone number |  |
| Relationship to you (i.e. manager, HR dept., teacher etc.) |  |

**Rehabilitation of Offenders and DBS checks**

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| --- | --- |
| By virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975, the provisions of Section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with regulated activity with children or regulated activity which involve caring for, training, supervising or being solely in charge of other people in vulnerable circumstances. If your role meets this criteria you will be asked to complete an enhanced DBS check – please check the job description of the role you are applying for.  If the role you are applying for does **NOT** involve working with children or vulnerable adults, please complete **Section A** and an enhanced DBS check is not needed, If the role you are applying for involves working with children or vulnerable adults and requires an enhanced DBS check, please complete **Section B.**  Any information will be completely confidential and will be considered only in relation to this application. Any disclosure made by the Disclosure and Barring Service will remain strictly confidential. | |
| **Section A** | |
| **Have you ever been convicted of a criminal offence in the UK or any other country?** (You do not need to disclose convictions deemed as ‘Spent’ under the Rehabilitation of Offenders legislation)  If YES, please give details: | Yes  No |
| **Section B** | |
| If your role does require an enhanced DBS check, spent convictions must be disclosed and will be taken into account in deciding whether to make an appointment. Further details can be found at [www.gov.uk/government/publications/dbs-filtering-guidance/dbs-filtering-guide](http://www.gov.uk/government/publications/dbs-filtering-guidance/dbs-filtering-guide). The amendments to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (2013 and 2020) provides that when applying for certain jobs and activities, certain convictions and cautions are considered ‘protected’. This means that they do not need to be disclosed to employers, and if they are disclosed, employers cannot take them into account. If you require additional information around the disclosure of convictions, we recommend you take independent advice; resources can be found at unlock.org.uk or [www.nacro.org.uk](http://www.nacro.org.uk). | |
| **Do you have any adult cautions (simple or conditional) or spent convictions that are not protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2020? (Y/N)?”**  If YES, please give details: | ☐ Yes  ☐ No |
| **Have you ever been convicted of a criminal offence in any other country outside of the UK?**  If YES, please give details: | Yes  No |
| **Are you the subject of any police investigation or prosecution?**  If YES, please give details: | Yes  No |
| **Are you, or have you ever been, the subject of any investigation or proceeding by any Professional Regulatory Body or any other organisation?**  If YES, please give details: | Yes  No |
| **Have you ever been disqualified from practising your profession, or been the subject of any limitations to your practice following investigation by a regulatory body in the UK or any other country?**  If YES, please give details: | Yes  No |

If yes, please provide details:

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**Safeguarding**

Have you ever been the subject of a safeguarding concern in either an employed or voluntary role?

|  |  |
| --- | --- |
| Yes | No |

If yes, please provide details:

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Declaration

Henshaws holds information relating to you which is subject to the Data Protection Act 1998. By signing this agreement you consent to Henshaws processing, both manually and by electronic means, your personal and sensitive personal data for the purposes of the administration and management of the work you perform and/or Henshaws’ business. “Processing” includes obtaining, recording, holding or disclosing information or data and carrying out operations on the information or data.

“Sensitive personal data” includes information held by Henshaws as to your physical or mental health, your political opinions, religious or similar beliefs, sexual orientation. Typical examples of items of sensitive personal data are SSP self-certification forms and medical reports.

As aspects of the charity are regulated by external bodies such as CQC and Ofsted, your trustee/governor file may be viewed by these regulating bodies as part of their audit process to ensure compliance.  All data held will be managed in line with GDPR regulations and Henshaws volunteer privacy notice.  If you do /do not consent to your data being accessed by external regulators, please tick the box below.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Do Agree |  |  |  |  |  | Do Not Agree |  |  |  |  |

I declare that the information given in this form is, to the best of my knowledge, complete and correct; I also understand that any wilful mis-statement renders me liable to dismissal if engaged.

I understand that an appointment if offered will be subject to satisfactory references and, where appropriate, DBS checks.

|  |  |
| --- | --- |
| **Applicant name** |  |
| **Applicant Signature** |  |
| **Date** |  |



**Equal Opportunity Monitoring**

Henshaws wants to meet the aims and commitments set out in its equality and diversity policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

Henshaws needs your help and co-operation to enable it to do this, but filling in this form is voluntary. The information provided will be kept confidential and will be used for monitoring purposes.

If you have any questions about the form contact the HR department.

We would like to use your data to ensure that this policy is fully and fairly implemented. We will use your data to compile statistics on the representation amongst our workforce of the categories listed. To use this information, we need your consent. Signing in the space below will indicate that you consent to your data being used for the purposes stated. You may withdraw your consent at any time by contacting the HR department. Completion of this form is optional. Any responses you give will assist us in our commitment to equality, diversity and inclusion in the workplace. Your responses will be kept strictly confidential and will not be used in any decisions affecting you.

|  |  |
| --- | --- |
| Signature |  |
| Print name |  |
| Date |  |

Please provide the following information:

|  |
| --- |
| Which of the following best describes your gender?  Male  Female  Prefer to self-describe  Prefer not to say   Option to self-describe, please add here: |
| Gender Identity: Do you identify as trans?  Yes  No  Prefer your own term  Prefer not to say   Option to self-describe, please add here: |
| Is the gender you identify with the same as your gender registered at birth?  Yes ☐ No ☐ Prefer not to say ☐ |
| Age  16-24  25-29  30-34  35-39  40-44  45-49   50-54  55-59  60-64  65+  Prefer not to say  |
| What is your ethnicity?  Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box:  **Asian or Asian British**  Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say   Any other Asian background, please write in:  **Black, African, Caribbean or Black British**  African  Caribbean  Prefer not to say   Any other Black, African or Caribbean background, please write in:  **Mixed or Multiple ethnic groups**  White and Black Caribbean  White and Black African  White and Asian  Prefer not to say   Other Mixed or Multiple ethnic background, please write in:  **White**  English  Welsh  Scottish  Northern Irish  Irish  British   Gypsy or Irish Traveller  Prefer not to say   Any other White background, please write in:  **Other ethnic group**  Arab  Prefer not to say   Any other ethnic group, please write in: |
| Do you consider yourself to have a disability or health condition?  Yes  No  Prefer not to say   What is the effect or impact of your disability or health condition on your work? Please write in here:  The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager. |
| Which of the following best describes your sexual orientation?  Heterosexual  Gay  Lesbian  Bisexual   Prefer to self-describe  Prefer not to say   Option to self-describe, please add here: |
| What is your religion or belief?  No religion or belief  Buddhist  Christian  Hindu  Jewish   Muslim  Sikh  Prefer not to say   If other religion or belief, please write in: |