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| **Volunteer Application Form** |

Please complete the form in full.

Please note that checks may be carried out to verify the contents of your application form.

Throughout this form, we ask for some personal data about you. We’ll only use this data in line with data protection legislation and process your data for one or more of the following reasons permitted in law:

* You’ve given us your consent
* We must process it to comply with our legal obligations

You’ll find more information on how we use your personal data in our [privacy notice](https://www.brookewestontrust.org/_site/data/files/1A030567DDA5434B66F256C1D88AEC86.pdf).

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| **Personal Information** |
| Title |  |
| Surname  |  |
| All forenames |  |
| Current Address |  |
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| Postal Code |  |
| Home telephone number |  |
| Mobile telephone number |  |
| Email address |  |

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| **Disclosure and Barring Service (DBS) information** |
| The school is legally obligated to process an enhanced Disclosure and Barring Service (DBS) check before making appointments to relevant posts. The enhanced DBS check will reveal both spent and unspent convictions, cautions, reprimands and final warnings, and any other information held by local police that’s considered relevant to the role. Any information that is “protected” under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 will not appear on a DBS certificate. Volunteers working in regulated activity will also require a barred list check. Any data processed as part of the DBS check will be processed in accordance with data protection regulations and the school’s privacy notice. |
| Have you ever been barred or restricted from working with or been subject to an investigation involving children |

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| **X** | Yes | **X** | No |

If Yes, give details separately under confidential cover |
| Are you related to or have a close personal relationship with any, employee or governor? |

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| **X** | Yes | **X** | No |

If yes, please provide details  |
| If applying as a parent/guardian volunteer please provide details of children in school. |

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| **X** | Yes | **X** | No |

If yes, please provide details  |
| Please provide details if you are related to or have a close personal relationship with any student currently at this school |

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| **X** | Yes | **X** | No |

If yes, please provide details  |

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| **Availability** |

Please indicate below the day of the week and times you are available to support us in school

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| **Day** | **Times available** |
| **Monday** |  |  |  |  |
| **Tuesday** |  |  |  |  |
| **Wednesday** |  |  |  |  |
| **Thursday** |  |  |  |  |
| **Friday** |  |  |  |  |

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| **Experience and Qualifications**  |
| **Please indicate the type of volunteer duties you anticipate undertaking (i.e. hearing children read, attending class trips, supporting school events etc.)** |
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| **Do you have experience working as a volunteer, especially with children? If yes, please include details in the box below.** |
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| **Why do you want to Volunteer at Beanfield Primary School?** |
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| **Do you have any particular skills, employment experience or hobbies you would like to share with the school? (For example, languages spoken, sports, scouting, etc)** |
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| **Relevant Qualifications (eg first aider)** |
| **School/College/Training Provider** | **Date** | **Qualification** |
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Please use a separate sheet if necessary

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| **Referees** |

Please provide names and contact details of 2 referees who will be approached with regard to your suitability to carry out volunteer work with children and young people.

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| **Title and Name** |  |
| **Address and Postal Code** |  |
| **Telephone Number** |  |
| **Email** |  |
| **Job Title** |  |
| **Relationship to applicant** |  |

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| --- | --- |
| **Title and Name** |  |
| **Address and Postal Code** |  |
| **Telephone Number** |  |
| **Email** |  |
| **Job Title** |  |
| **Relationship to applicant** |  |

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| **Disability and accessibility** |
| The school is committed to ensuring that applicants with disabilities or impairments receive equal opportunities and treatment.If you have a disability or impairment, and would like us to make adjustments or arrangements to assist you, please state the arrangements you require: |
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| **Declaration** |

I certify that, to the best of my knowledge and belief, all particulars included in my application are correct.

I understand and accept that the information I have provided may be used to carry out checks to verify the contents of my application form.

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| **Signature** |

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| **Print your name** |  |
| **Signature** |  | **Date** |  |