



## Carers Reablement Project Volunteer Application Form

### Personal Details

Name:	
Address:	
Phone Number:	
Email:	
Date of Birth:	
Gender:	
Emergency Contact Name:	
Emergency Contact Number:	

### How did you hear about volunteering with us?

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### About You

Tell us a little bit about yourself and why you want to volunteer:
What skills can you offer?
How much time can you offer to the project?
What is your availability?

### Support and Health Needs

Do you have any disabilities, health needs or extra support needs that we should be aware of when organising your volunteering?

If yes, please give details below to help organise your volunteering:
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## References

Please give two independent referees who would be willing to supply a character reference

(please note: referees cannot be family members)

Name:	Name:
Email Address:	Email Address:
Occupation:	Occupation:
Relationship to you:	Relationship to you:

## Disclosure of Criminal Record

This post involves direct work with vulnerable adults and/or children and young people under 18. As such it is exempt from the rehabilitation of Offenders Act (1974) and you are required to declare any criminal conviction, even if it would be defined as spent under the act. Any offer of a volunteering opportunity will be subject to an "Enhanced Disclosure" from the Criminal Records Bureau. If you falsely declare that you have no criminal record, this may be taken as a breach of contract and could result in dismissal. If you are offered this post confirmation will be subject to a check by the Disclosure and Barring Service.

Existence of a criminal record does not specifically debar you from volunteering. Any information you provide will be treated as strictly confidential and will be considered only in relation to your application.

Please give details of any conviction, caution, bind-over order or pending prosecution or Court proceedings:

## Equal Opportunities

People are discriminated against for a variety of reasons, including ethnicity, nationality, race, belief or religion, gender, sexual orientation, gender reassignment, physical or mental disability, health status, marital or civil partnership status, trade union activity, pregnancy or maternity, caring responsibilities, age or class. We believe that such discrimination is wrong and we are committed to making sure The Carers Centre provides equal opportunities and access to services for all.

By signing below you are agreeing to our equal opportunities policy.

Signed:	
Date:	

## Keeping your details confidential

Your personal data (i.e. name, address, email, etc.) is solely for the purpose of your volunteering opportunity with The Carers Centre and we will comply with the legislation of Data Protection Act and General Data Protection Regulation

## Declaration

I understand and agree that data contained in this application form will be used for volunteer recruitment purposes and will be held on a computer database. I also agree to The Carers Centre for Brighton and Hove holding this form in paper format in a secure area

I confirm I have completed this application form truthfully.

Print Name:

Date:

Signed:

Please return the completed application form to:

Volunteer Co-ordinator, The Carers Centre for Brighton & Hove, 18 Bedford Place, Brighton, BN1 2PT

Or email: [volunteer@thecarerscentre.org](mailto:volunteer@thecarerscentre.org)