

Application for Volunteering (Including Trusteeships)

Which volunteering role interests you?						
Which Hub would you like to join?						
Where did you hear about us?						
PERSONAL DETAILS						
Surname:	First name:					
	Address:					
Date of Birth:						
National Insurance No:						
Tel No:						
Email address:						
Do you have a disability?	Yes / No					
Please tell us if you need any reasonable adjustments to support your volunteering role:						

ACTION FOR EQUALITY: We aim to ensure no applicants receives less favourable treatment than another based on protected characteristics under the Equality Act 2010 or any other factor unrelated to the requirements of the role and which are not restricted by legislation. Supporting our Charitable Objects, we positively welcome applicants with disability and/or unpaid carers to our staff team.

YOUR EXPE	RIENCE IN '	WORK, VOLUNTEERING, EDUCATION OR CARING ROLES
From	То	Tell us about your Work, Voluntary, Educational or Caring Roles

QUALIFICATIONS (GAINED AT SCHOOL/COLLEGE/VOLUNTEERING OR WORK)

From	То	Establishment	Name of Qualification	Awarding Body	Date of Award

TELL US WHAT SKILLS YOU WOULD LIKE TO BRING TO JOURNEY ENTERPRISES

PLEASE TELL US WHY YOU HAVE CHOSEN JOURNEY ENTERPRISES

Please tick

I am unemployed and hope to use the experience to improve my job prospects

I have completed a relevant qualification and am looking for work experience

I am going to train for a career in health, social work, education or disability services

I want to learn new skills

I would like to support people with disabilities

I would like to offer something to my local community

I am interested in learning more about the Voluntary Sector

I am keen to use my knowledge and skills to support vulnerable adults

I have lived experience of learning disability

I have lived experience of unpaid caring

I know families who have used Journey's services

I have recently retired and am keen to remain active in my community

Other reasons:

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.					
p.m.					

REFEREES

We would like to contact two people who can tell us about you and your skills.

A referee can be:

- an employer
- a professional supporting you (e.g. a Social Worker, Work Coach, Support Worker)
- a teacher or lecturer
- a Charity in which you have previously volunteered

We are not able to accept references from friends or family members.

Name	2	Name
Position		Position
Relationship		Relationship
Address		Address
Postcode		Postcode
Telephone No.		Telephone No.
Email		Email
Permission to contact Yes/No		Permission to contact Yes/No

FIT & PROPER PERSONS DECLARATION

We are required to assess if potential Directors, service managers, staff and volunteers applying to work with young people and adults who receive our day-care services are 'Fit and Proper Persons', in line with Care Quality Commission regulations.

By signing this application form you confirm that you are not aware of any facts or circumstances which mean that you do not meet the *Fit and Proper Person* requirements of Regulation 5 of the Care Quality Commission Regulations and, in particular, you confirm:

a) I am not an undischarged bankrupt or a person whose estate has had sequestration awarded in respect of it and has not been discharged;

b) I am not the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland;

c) I am not a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986;

d) I am not a person who has made a composition or arrangement with, or granted a trust deed for, creditors and has not been discharged in respect of it;

e) I am not included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland;

f) I am not prohibited from holding the relevant office or position, or from carrying on the regulated activity, by or under any enactment;

g) I have the necessary qualifications, competence, skills and experience for the relevant office, or position for which I am applying/or am already employed to do;

CONFLICT OF INTEREST DECLARATION

Category of interest	Describe the interest, whether it applies to you, a family member, client or friend, other personal or business connection
Current employment and any previous	
employment in which you continue to have a	
financial interest.	
Appointments (voluntary or otherwise) e.g.	
trusteeships, directorships, local authority	
membership, tribunals etc.	
Membership of professional bodies, special	
interest groups, campaigning/political	
organisations.	
Appointment within a regulatory or	
commissioning body relevant to Journey.	
Appointment within any funding body to which	
Journey may apply.	
Investments in unlisted companies, partnerships	
and other forms of business, major shareholdings	
and beneficial interests.	
Gifts or hospitality offered to you recently by	
external bodies and whether this was declined or	
accepted.	
User of Journey services: as a Client or a family	
member of a Client.	
Personal links to any Staff members.	
Supplier of services to Journey.	
Any other conflicts that are not covered by the	
above.	

REHABILITATION OF OFFENDERS ACT 1974. EXCEPTION ORDER 1975

The provisions relating to non-disclosure of criminal convictions does apply to people seeking employment within a care service.

Please state here whether or not you have a criminal record.

- I have/have not received a caution by police
- I have/do not have a criminal record
- Are there any criminal charges pending against you? * Yes / No
- Do you give consent to a police check Yes / No
- Do you give consent to a Disclosure and Barring Service Check Yes / No
- I have/have not been referred to the Disclosure and Barring Service Barred list
- I am/am not registered on the Disclosure and Barring Service Barred list

* If you have answered positively to any of the above, do we have your consent to contact you for more information: Yes / No

DECLARATIONS

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I understand that an offer of a voluntary role will be subject to the information given on this form being correct and to the receipt of satisfactory references and information received from the Disclosure and Barring Service and DBS Adult First Check.

If appointed I give my consent under the General Data Protection Regulation 2018 for Journey to retain and to make reasonable use of the personal information I have provided in connection with its volunteer recruitment policies, procedures and practices.

SIGNED:

DATE:

PRINT NAME:

Returning your Application

Please return your complete application to:

The Business Support Manager Journey Enterprises Network House Acomb Hexham NE46 4SA

Email: jo.bramley@journeyenterprises.co.uk