

VOLUNTEER REGISTRAION FORM

Name: _____

Address: _____

_____ Post Code: _____

Home Telephone: _____ Mobile Telephone: _____

E-mail Address: _____

Previous Experience: _____

Professional Qualifications: _____

What type of volunteer support can you offer Cerebral Palsy Care? _____

Please tick the times on which you would be available to volunteer:

	MON.	TUE.	WED.	THU.	FRI.	SAT.	SUN.
Mornings							
Afternoons							
Evenings							

I am offering my services as a volunteer to CPC, and I confirm that the charity may approach the referees named on my application form in this respect. I understand that the details given will be stored on computer and paper file and I give my consent to this under the Data Protection Act.

Signed: _____ Dated: _____

APPLICATION FOR VOLUNTARY WORK

PRIVATE & CONFIDENTIAL

Please return this form to: Miss Jodie Cook – Personnel Officer
CPC, Bradbury House, View Road, Cliffe Woods, Rochester, Kent, ME3 8UJ.

Surname:	Forenames:	Title:	Name known by:
Address:			
Daytime Contact Number:		Home Telephone:	
Mobile Telephone:		E-mail Address:	

EDUCATION HISTORY

Please complete in full from secondary school up to and including all further education; continue on a separate sheet if necessary.

FROM - TO	NAME & ADDRESS OF SCHOOLS/COLLEGES/UNIVERSITYS	QUALIFICATIONS GAINED

EMPLOYMENT STATUS

Unemployed Seeking Work Training
Student Employed Retired

If you are employed please could you complete the table below with your current details:

FROM – TO	NAME & ADDRESS OF EMPLOYER	JOB TITLE	DUTIES	SALARY	REASON FOR LEAVING

Notice required in current post (If applicable):

LEISURE INTERESTS

Please note your leisure interests, hobbies, sports, and other pastimes.

HEALTH DETAILS

Are you disabled YES/NO.? If YES, please give details and specify any special needs in relation to your disability.

Please list any diseases, disorders, allergies, muscular or muscular skeletal injuries from which you have suffered or do suffer.

Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving.

Please list all absences from work in the past 12 months and the reasons for such absences.

CRIMINAL RECORD

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state.

YOUR REFERENCES

Please note here the names and address of two persons from whom we may obtain professional references.

1.

2.

OTHER INFORMATION

Please note any other information you feel relevant.

DECLARATION

(Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give CPC the right to terminate any voluntary work offered.
2. I agree that the organisation reserves the right to require me to undergo a medical examination (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor).

Signed:

Dated:

FOR OFFICIAL USE ONLY

Interview Date: __/__/__

Rejection: Y / N

Offer: Y / N

Acceptance: Y / N

New File: Y / N

Induction Date: __/__/__

Start Date: __/__/__

Signed: _____

Dated: __/__/__

EQUAL OPPORTUNITIES POLICY

CPC are an equal opportunities employer. The aim of our policy is to ensure that no volunteer receives less favourable treatment on the grounds of race, colour, creed, nationality, ethnic or national origin, religious belief, political opinion or affiliation, sex, marital status, sexual orientation, disability and age, or is disadvantaged by conditions or requirements which cannot be shown to be justifiable.

Our selection criteria and procedures are frequently reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities.

All persons are given equal opportunity and are encouraged to progress within the organisation and encouraged to put forward their ideas to enable CPC to provide a continuing good service.

CPC are committed to an ongoing programme of action to make this policy fully effective. To ensure that this policy is fully and fairly implemented and monitored, and for no other reason, volunteers are asked to provide the following information:-

I would describe my ethnic origin, nationality and sex as:-
(Please circle as appropriate)...

White Black-Caribbean Black African Black-Other (Please Specify)

Indian Pakistani Bangladeshi Chinese Other (Please Specify)

Nationality:

Gender (Please Circle): Male/Female

Date of Birth: ___ / ___ / _____

CONFIDENTIALITY

Certain things you hear or information you are given during the course of your work is confidential, i.e.:

Staff/Client/Members Details – Charity Business - Etc...

If you are, for instance, travelling on a bus or train, and speak of a member by name, you are breaking a confidence – it could be that the member did not wish anyone to know that he/she is attending the centre.

The rule of confidentiality does not only apply to staff/clients and members. Maybe you overhear a colleague speaking to a friend (commonly known as gossip) – you will again be breaking the code of confidentiality.

AS A MEMBER OF A CARING TEAM NEVER SPEAK OF ANYTHING YOU LEARN AT WORK, OUTSIDE OF THE WORK ENVIRONMENT.

Confidentiality is: -

1. All information that:
 - (a) is or has been acquired by you during, or in the course of your voluntary work, or has otherwise been acquired by you in confidence
 - (b) relates particularly to our business, or that of other persons or bodies with whom we have dealings of any sort
 - (c) has not been made public by, or with our authority

shall be confidential, and (save in the course of our business or as required by law) you shall not at any time, whether before or after the termination of your voluntary work, discuss such information to any person without our written consent.

2. You are to exercise responsible care to keep safe all documentary or other material containing confidential information, and shall at the time of termination of your voluntary work with us, or at any other time upon demand, return to us any such material in your possession.

Read & Understood By:-

Name: Position:

Signature: Date:

DATA PROTECTION

All volunteers must be aware of the 'The Data Protection Act' 1984. CPC will provide any training necessary to fully comply with this legislation. It is each individual's responsibility to ensure that they fully understand the terms of legislation.

The 'Data Protection Act' of 1984 is concerned with the automatic processing of information about any living persons (personal data) and gives the rights to those individuals who are the subject of any of this information. Obligations are in place from the data user in respect of the personal information it processes or causes to be processed on its behalf of third party.

The objectives of this act are outlined in the following principles.

- Personal data held on all volunteers is kept in a lockable filing cabinet.
- Personal data held for any purposes shall not be used or disclosed only on a need to know basis, i.e. your direct Manager has access to your personnel file as does the Personnel Officer, General Manager and Trustees.
- Personal data and information shall be obtained and processed fairly and lawfully.
- Personal data shall be held only for a specified and lawful purpose.
- Personal data held for any purpose shall be adequate, relevant and not excessive in relation to its purpose.
- Personal data shall not be kept longer than necessary for such purposes.
- Personal data should be accurate and where necessary kept up to date.

The Act's most significant requirement is that all data users, individuals or companies must register with the Data Protection Register.

Volunteers must be made aware of the Data Protection Act and the principle on which it is based.

Volunteers must not access, process or disclose any personal data other than is necessary within the terms of CPC.

Read & Understood By:-

Name: Position:

Signature: Date:

MEDICAL QUESTIONNAIRE

Your Name: _____

Position Applied for: _____

As a result of the information you have given, CPC may request permission to approach your GP for any further information as necessary.

Have you ever:	No	Yes	Please give details...
1. Had an operation?			
2. Been seriously injured?			
3. Received in-patient treatment or a physical or mental condition?			
4. Been refused or dismissed from employment for health reasons?			
5. Received a disability pension?			
6. Been made ill by your work?			
7. Been refused a driver's licence because of ill health?			

Have you suffered from:	No	Yes	Please give details...
1. Heart Trouble			
2. High Blood Pressure			
3. Rheumatic Fever			
4. Lung Trouble			
5. Shortness Of Breath			
6. Asthma			
7. Hayfever			
8. Chest Trouble			
9. Frequent Cough			
10. Stomach Trouble			
11. Period Or Prostate Problems			
12. Back Trouble			
13. Swelling Of Legs Or Ankles			
14. Varicose Veins			
15. Rupture			
16. Arthritis			
17. Nerve Trouble			
18. Ear Trouble			
19. Eye Trouble			
20. Frequent Headaches			
21. Fainting/Dizziness			
22. Diabetes			
23. Jaundice			
24. Anaemia			
25. Epilepsy Or Fits			

Medical Questionnaire Continued From Previous Page.			
Do you:	No	Yes	Please give details...
1. Take medicine regularly?			
2. Need glasses to read?			
3. Have you ever had a head injury?			
4. Have you worked in a dusty trade?			
5. Suffer from any other ailments?			

To the best of my knowledge and belief, the information given above is correct. I understand that if I am appointed and the information is inaccurate – I am liable to dismissal.

Signature: _____

Date: _____