**VOLUNTEER APPLICATION FORM**

Thank you for your interest in volunteering with The Scottish Centre for Children with Motor Impairments. This form is used for us to record important information about our volunteers. If you have any concerns with any of the questions, please contact Alicia McKenzie on 01236 456100 or [alicia@craighalbert.org.uk](mailto:alicia@craighalbert.org.uk) All information will be kept confidential.

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal Details** | | | |
| Full Name |  | DOB |  |
| Address |  | Contact No. |  |
| Email |  | | |

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| --- | --- |
| **In the event of an emergency, who should we contact on your behalf?** | |
| Full Name |  |
| Contact No. |  |
| Relationship |  |

|  |  |  |
| --- | --- | --- |
| **Do you consider yourself to have a disability?** | Yes | No |
| **If yes, please describe** | | |
| **Are there any other areas of support you might need to enable you to volunteer with us?** | | |

|  |  |
| --- | --- |
| **How many hours would you be able to give?** |  |
| **What times / days would you be available?** |  |

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| --- |
| **Please tell us why you are interested in volunteering with The Scottish Centre for Children with Motor Impairments.** |
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| --- | --- | --- |
| **Have you done any voluntary work before** | Yes | No |
| **If yes, please provide some details of your role / duties** | | |

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| --- | --- | --- |
| **Do you have any experience of working with children / young people with additional support needs?** | Yes | No |
| **If yes, please give details** | | |

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| **Please tell us a little about your skills, experience and/or interest.** |
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| --- | --- | --- | --- | --- | --- |
| **References**  Before we engage volunteers, it is our policy to seek two references of people who have known you for 2 or more years. Please give us details of your referees below. | | | | | |
| Referee 1 |  | | Referee 2 |  | |
| Name |  | | Name |  | |
| Address |  | | Address |  | |
| Telephone No. |  | | Telephone No. |  | |
| Email |  | | Email |  | |
| How do you know this person? | |  | How do you know this person? | |  |

**Declaration**

I declare that the information I have provided is correct to the best of my knowledge. I understand that my personal data will be held in confidence in accordance with the Data Protection Act 1998

I agree that the information within this form can be used for monitoring purposes

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for applying to The Scottish Centre for Children with Motor Impairments**

Please return your application to:

**CONFIDENTIAL**

Alicia McKenzie

The Scottish Centre for Children with Motor Impairments

Craighalbert Centre

1 Craighalbert Way

Cumbernauld

G68 OLS

Or email your application to [alicia@craighalbert.org.uk](mailto:alicia@craighalbert.org.uk)

CONFIDENTIAL

#### EQUAL OPPORTUNITIES MONITORING FORM

To help us monitor the effectiveness of our Equal Opportunities and Recruitment Policies we would like you to fill in this form. If you choose to complete it, any information given is treated in the strictest confidence.

*Please tick the appropriate boxes.*

Which of the following groups do you consider you belong to?

**White**

Scottish  Other British  Irish

Any other white background, please write in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mixed**

Any mixed background, please writes in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Asian, Asian Scottish or Asian British**

Indian  Pakistani  Bangladeshi  Chinese

Any other Asian background, please write in **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Black, Black Scottish or Black British**

Caribbean  African

Any other Black background, please write in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other ethnic background**

Any other background, please write in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Criminal Conviction Self Declaration**

We ask all volunteers with us to give us information of previous convictions. Having a previous conviction does not automatically bar you from volunteering with us but it will help us, in discussion with you, decide if the opportunity you have applied for is the most suitable. All information given here will be kept in your personal file which can only be accessed by authorised staff.

Under the terms of the Rehabilitation of Offenders Act 1974 you are entitled to withhold information about any convictions against you which are now '‘spent'’. Please see the next sheet for full details about this.

You may only withhold information on ‘spent’ convictions.

Please ask us if you need any help completing this section of the form and we will be happy to assist you.

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| --- | --- |
| Conviction | When Occurred? |
|  |  |
|  |  |
|  |  |
| Criminal Convictions Pending |  |
|  |  |
|  |  |

I declare that, to the best of my knowledge, the above information is correct. I understand that if I take up a volunteer opportunity and it is found that I have deliberately given false information or withheld relevant information then the opportunity may be withdrawn.

Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Further Information about ‘Spent’ Convictions and**

**Rehabilitation Periods**

(REHABILITATION OF OFFENDERS ACT 1974: REHABILITATION PERIODS)

**What is a ‘Spent’ Conviction?**

Convictions are ‘spent’ when a specific period of time – known as a ‘rehabilitation period’ - has passed since you were convicted and you have not re offended during that period.

**How long is a ‘Rehabilitation Period’?**

The length of a ‘rehabilitation period’ will depend on the sentence received, and sentences longer than 30 months imprisonment can never be ‘spent’. The table below gives details of the length of ‘rehabilitation periods’ for various sentences.

|  |  |  |
| --- | --- | --- |
| **SENTENCE RECEIVED** | **AGED 18 YEARS AND OVER AT TIME OF CONVICTON** | **AGED UNDER 18 YEARS AT TIME OF CONVICTION** |
| Prison or young offender institution (immediate or suspended sentence) over 6 month but less than 30 months | 10 years | 5 years |
| Prison or young offender institution (immediate or deferred sentence) of 6 months or less | 7 years | 3½ years |
| Fine/community service/supervised attendance order/curfew order | 5 years | 2½ years |
| Absolute discharge or admonishment | 6 months | 6 months |
| Disqualification | Until disqualification period ends | Until disqualification period ends |
| Probation imposed after 5 February 1995 | 5 years | 2½ years or length of probation period, whichever is longer |
| Hospital order | 5 years from date of conviction or 2 years from the termination of the hospital order, whichever is longer | 5 years from date of conviction or 2 years from the termination of the hospital order, whichever is longer |

#### DISCHARGE ETC FROM HER MAJESTY’S SERVICE

|  |  |  |
| --- | --- | --- |
| **SENTENCE RECEIVED** | **AGED 18 YEARS AND OVER AT TIME OF CONVICTION** | **AGED UNDER 18 YEARS AT TIME OF CONVICTION** |
| Discharge with public disgrace or dismissal with public disgrace | 10 years | 5 years |
| Dismissal | 7 years | 3½ years |
| Any detention in respect of a conviction in service disciplinary hearings | 5 years | 2½ years |

Suspended sentences (England and Wales) will carry a rehabilitation date should the sentence be imposed.