

Volunteer Application Form

Previous Name(s): (if applicable) Last Name: First Name(s): Home Address: Postcode: E-mail address: National Insurance No (If you have one): Date of Birth: Present (or Most Recent) Employment Employer Name, Address and Telephone Number: Date of Leaving (if applicable): Reason for leaving (if applicable): Please Provide a Brief Description of Duties of the Post (Continue on a separate sheet if necessary):		
Last Name: First Name(s): Home Address: Postcode: E-mail address: National Insurance No (If you have one): Date of Birth: Present (or Most Recent) Employment Employer Name, Address and Telephone Number: Date Started: Date of Leaving (if applicable): Reason for leaving (if applicable):	School Name:	
Last Name: First Name(s): Home Address: Postcode: E-mail address: National Insurance No (If you have one): Date of Birth: Present (or Most Recent) Employment Employer Name, Address and Telephone Number: Date Started: Date of Leaving (if applicable): Reason for leaving (if applicable):	Personal Informati	
Home Address: Postcode: E-mail address: National Insurance No (If you have one): Date of Birth: Present (or Most Recent) Employment Employer Name, Address and Telephone Number: Date Started: Date of Leaving (if applicable): Reason for leaving (if applicable):	Last Name:	Trevious Name(s). (If applicable)
Postcode: E-mail address: National Insurance No (If you have one): Date of Birth: Present (or Most Recent) Employment Employer Name, Address and Telephone Number: Date Started: Date of Leaving (if applicable): Reason for leaving (if applicable):	First Name(s):	
E-mail address: National Insurance No (If you have one): Date of Birth: Present (or Most Recent) Employment Employer Name, Address and Telephone Number: Date Started: Date of Leaving (if applicable): Reason for leaving (if applicable):	Home Address:	
E-mail address: National Insurance No (If you have one): Date of Birth: Present (or Most Recent) Employment Employer Name, Address and Telephone Number: Date Started: Date of Leaving (if applicable): Reason for leaving (if applicable):		
E-mail address: National Insurance No (If you have one): Date of Birth: Present (or Most Recent) Employment Employer Name, Address and Telephone Number: Date Started: Date of Leaving (if applicable): Reason for leaving (if applicable):		
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Date of Birth: Present (or Most Recent) Employment Employer Name, Address and Telephone Number: Date Started: Date of Leaving (if applicable): Reason for leaving (if applicable):	E-mail address:	
Present (or Most Recent) Employment Employer Name, Address and Telephone Number: Date Started: Date of Leaving (if applicable): Reason for leaving (if applicable):	National Insuran	ce No (If you have one):
Employer Name, Address and Telephone Number: Date Started: Date of Leaving (if applicable): Reason for leaving (if applicable):	Date of Birth:	
Employer Name, Address and Telephone Number: Date Started: Date of Leaving (if applicable): Reason for leaving (if applicable):		
Date Started: Date of Leaving (if applicable): Reason for leaving (if applicable):	Present (or Most R	ecent) Employment
Date of Leaving (if applicable): Reason for leaving (if applicable):	Employer Name,	Address and Telephone Number:
Date of Leaving (if applicable): Reason for leaving (if applicable):		
Date of Leaving (if applicable): Reason for leaving (if applicable):		
Reason for leaving (if applicable):	Date Started:	Job Title:
	Date of Leaving	if applicable):
Please Provide a Brief Description of Duties of the Post (Continue on a separate sheet if necessary):	Reason for leavir	g (if applicable):
	Please Provide a	Brief Description of Duties of the Post (Continue on a separate sheet if necessary):

Previous Employmen	nt					
unemployment, volu (Continue on a separa	intary work, raising ate sheet if necessary) your application form	a family or any p). ** <i>Please ensure <u>a</u></i>	all-time education sho art-time work under Il gaps in employment o verify this informa	taken w t <i>and ed</i>	hilst in education his	lucation. story are
Job Title:						
Employer, Address Telephone Number	&					
Start Date:		End I	Date: (If applicable)			
Reason for Leaving			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	l		
Job Title:						
Employer, Address	&					
Telephone Number						
Start Date:		E., 4 E	Data: (If amaliashla)	1		
Reason for Leaving		Ena L	Date: (If applicable)			
Reason for Leaving						
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Start Date:		End Date: (If applicable)				
Reason for Leaving						
Job Title:						
Employer, Address Telephone Number	&					
Start Date:		End Date: (If applicable)				
Reason for Leaving			· 11 /			
Education Please give details of	all nationally recognis		warded/results awaite ogical order.	d; from	GCE Adva	nced
Attended From To (mm/yy (mm/yy)	Name of School/College:	Qualification:	Subject:	Full or Part Time	Grade/ Level:	Date Gained:

Training	Other Cor	P	Professions	al Development)					
				you have attended essary).	in the last f	five years st	arting w	rith the mo	st recent
Tit	tle of Cours	se:	Org	ganising Body:		Awards (if	any):		Date of attendance: (mm/yy)

	<u> </u>		
Additional Information			l
Please explain why you want		d summarise any experience, skills, s s a volunteer (Please continue on a se	
Please explain why you want training and qualifications that			
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References					
One reference should relate, if applicable to your present job, or most recent employer, or (if you are a student) a member of the School/University Academic Staff. Please state in what capacity the two referees are acting, e.g. current employer. Please include name, address, telephone number and e-mail address if known. If you have recently left full-time education, please ensure you include a Head Teacher/College/University Principal (or their representative) as one of your references.					
Please ensure that, where applied recently employed in work with reference from the last time you	children. If you are not curre		-		
Please note if the referee is scho headteacher/principal as accura		ce must be conf	irmed by the		
1st Referee					
Name:					
E Mail Address (Planca					
E-Mail Address: (Please provide wherever possible)					
Address:					
Telephone No:	Capa	city:			
2 nd Referee					
Name:					
E-Mail Address: (Please provide wherever possible)					
Address:					
Telephone No:	Сара	city:			

Self-declaration of criminal record
This post involves working in a school and is exempt from the provisions of the Rehabilitation of Offenders Act 1974. You will therefore be required to declare whether you have any criminal convictions (or cautions, reprimands or warnings) including those which are 'spent'. The amendments to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (2013 and 2020) provides that when applying for certain jobs and activities, certain convictions and cautions are considered 'protected'. This means that they do not need to be disclosed to employers, and if they are disclosed, employers cannot take them into account. Details of the filtering rules can be found on www.gov.uk/dbs
As the post involves engaging in regulated activity relevant to children, it is an offence to volunteer for this role if you are barred from doing so.
You will be asked to complete a safeguarding/ criminal records self-disclosure form. You will be asked to disclose details of all unspent and unfiltered spent reprimands, formal warnings, cautions and convictions.
We will check with the Disclosure and Barring Service (DBS) to see if you have any criminal convictions. As posts in schools are 'Regulated Activity' the barred list for children will also be checked.
Any information given will be treated as confidential. You should note that disclosing a conviction does not necessarily bar you from engaging as a volunteer. Failure to disclose may result in withdrawal from any offer.
Please also note that we may conduct an online search as part of our due diligence on all volunteers. This may help identify any incidents or issues that have happened, and are publicly available online, which we may want to explore with you.
The Trust is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expects all staff and volunteers to share this commitment.
Declarations To your knowledge are you related to a member of staff, governor of the academy or Member/ Trustee of the Trust?
Yes No
If 'Yes', please state their name and position held:
Under the terms of The Data Protection Act 1998 the information you give us will be kept confidential and will only be used for the purpose of personnel management. We may contact other relevant organisations to check factual information you have given details of in this volunteer application form. The information will be stored manually and / or electronically and if unsuccessful your application will be disposed of after 6 months.
I declare that all the information I have provided is true. I agree that the information I give you in connection with this application for voluntary work may be stored and processed for the purpose of personnel management.
Signed:
Date: