



# AVAILABILITY TO WORK

Please complete this form using BLACK INK and CAPITAL LETTERS.

Volunteer Employment Details	
Full Name	
Title of Post Applied for	

Working Hours Availability	
Please include the hours you are available to work. The table below indicates the shift hours for this organisation for full-time and part-time support staff. Please complete the table using the times which you would be available to volunteer or state hours in final column.	

Volunteer Workers					
All Volunteers are required to work within the shift rota system					
	Mornings		Afternoons		Hours Available
Monday	09:30 – 12.30	<input type="checkbox"/>	12.30 – 16.30	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	09:30 – 12.30	<input type="checkbox"/>	12.30 – 16.30	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	09:30 – 12.30	<input type="checkbox"/>	12.30 – 16.30	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	09:30 – 12.30	<input type="checkbox"/>	12.30 – 16.30	<input type="checkbox"/>	<input type="checkbox"/>
Friday	09:30 – 12.30	<input type="checkbox"/>	12:30 – 16:30	<input type="checkbox"/>	<input type="checkbox"/>
	Evenings				
Wednesday	18:30 – 21.30	<input type="checkbox"/>			

Sometimes opportunities outside of these hours arise where we may provide extra events. Would you be available to provide support on these events? Please state below.

Additional Information	
Are there any restrictions on you accepting this post if offered?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes' give details, e.g. requiring a work permit	
Please include in the space provided any additional information that you believe is relevant to your availability to work. If you are not available for all the hours outlined in the appropriate example, please also explain this.	
Signed	Date



## VOLUNTEER REGISTRATION FORM

**Job role applied for:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Home Address:**

\_\_\_\_\_

\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Telephone No: (Day)** \_\_\_\_\_ **(Mobile)** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**What would you like to achieve through your voluntary work at the organisation?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For how long are you able to offer your help to the Organisation?** (Remember that this can only be a rough idea, not a commitment):

\_\_\_\_\_

**Support needs?** *(Please specify)*

\_\_\_\_\_

**Previous experience** *(Paid or Unpaid):*

\_\_\_\_\_

\_\_\_\_\_

**Any other information relevant to the role:**

\_\_\_\_\_

**How did you hear about our organisation?**

\_\_\_\_\_

**Please supply the names and addresses of two referees, who know you well, e.g. previous employer, neighbour, head teacher, previous volunteering project, etc. Please note that these cannot be a relative.**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Referee: \_\_\_\_\_

Relationship to referee \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel No: \_\_\_\_\_

Tel No: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**CAUTIONS, REHABILITATIONS & CRIMINAL RECORDS**

In accordance with statutory requirements certain pre-employment checks are conducted for positions that involve work with vulnerable groups, specifically children and vulnerable adults. The information obtained from these checks is used to help safeguard these groups. It will not be used to discriminate unfairly against those with convictions which we consider unrelated to working with vulnerable groups. Having a criminal record will not automatically bar you from employment or voluntary work with us.

As the position you are applying for gives you privileged access to vulnerable groups, you are required to disclose all spent convictions and cautions under the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975 unless it is a "protected" conviction/caution under the amendments made to the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975 (in 2013) and, therefore, not subject to disclosure. This means that you must disclose spent and unspent convictions on this form other than those which are so "protected". This may include any driving offences. Guidance on the filtering of "protected" convictions and cautions can be accessed on the Disclosure and Barring Service website. Failure to disclose any disclosable criminal convictions could lead either to your application being rejected or, if you are appointed, to dismissal if it is subsequently discovered that you have had any criminal convictions. It is a criminal offence to apply for a position working with children if you are excluded from doing so.

**Do you agree to use obtaining an Enhanced Disclosing and Barring Records Check    Y/N**

**START DATE:** \_\_\_\_\_

Signed – Volunteer: \_\_\_\_\_

Date: \_\_\_\_\_

Signed – Manager: \_\_\_\_\_

Date: \_\_\_\_\_

## Private and confidential



## Employee Health Questionnaire

All applicants are required to complete this questionnaire.

Please read through the questionnaire thoroughly before answering the questions and signing the declaration overleaf. It may be necessary for you to undertake a health check or medical examination if you are considered for appointment. If this is the case an appointment will be arranged.

Employment Details			
Full name			
Title of post applied for			
Status	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	

Health Details				
Please indicate whether you have ever suffered from any of the medical conditions outlined below. Please answer 'Yes' or 'No' in each case and include details and dates where possible.				
	<b>Details</b>			
Tuberculosis or contact with a case	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Typhoid / Paratyphoid / Dysentery	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Asthma / Allergy / Hay fever	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Pneumonia / Pleurisy	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
High blood pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Heart disease / Rheumatic fever	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Neurological disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Arthritis	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Hernia (rupture)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Peptic ulcer / Bowel disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Gall Bladder diseases / stones	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Fits / Giddiness / Epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Menstrual disorders	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Skin disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Permanent weakness / arms / legs	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Back disorders	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Defect of hearing or speech	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Defect of sight	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

Have you had any other illnesses / operations / accidents?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If 'Yes' give details				

Health Details cont.....				
Are you at present under any medical treatment or observation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If 'Yes' give details				
Do you regularly take medicine or tablets bought by yourself?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If 'Yes' give details				
Have you been discharged from any for of service for health reasons?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If 'Yes' give details				
Do you have a disability?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If 'Yes' give details				
Are you Registered Disabled?				
Do you smoke?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you have a BCG (TB) injection at school?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Contact with Children				
Some posts available at this organisation require applicants to have contact with children. Please answer the following questions with respect to this.				
Did you have a Rubella (German Measles) injection at school?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had a Rubella (German Measles) blood test?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If 'Yes' please state the result				
Have you had a chest x-ray?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If 'Yes' please state the result and date				

## Doctors Details

Doctors name			
Practice name			
Practice address			
		Postcode	
Telephone numbers	Daytime	Evening	

## Declaration

I declare that all statements in this form are true and complete to the best of my knowledge. I understand that withholding or misstating information may result in refusal or termination of my application or any employment. I understand that it may be necessary to request information from medical practitioners attending to me before an offer of employment is made.

<b>Signed</b>		<b>Date</b>	
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## **Identification documents required for employment:**

Please provide one original document from each of the following 3 lists.

### **1. Proof of identification**

- Passport
- Birth certificate
- Photocard Driving Licence (Full or Provisional)

### **2. Proof of address**

- Utility Bill (dated within the last 3 months)
- Bank statement (dated within the last 3 months)

### **3. Eligibility to work**

- National Insurance number card
- Official letter with national insurance on it (HMC/DWP)
  - Passport
- Home office letter (if applicable)

### **Additional information required:-**

1. CV – employment history
2. Any training certificates