**Enrych Volunteer Application Form – *Confidential***

**Thank you** for applying to become an Enrych volunteer! Our volunteers make a huge difference to the lives of people with physical disabilities by sharing a leisure, learning or sporting activity, and enabling a more active and independent life. Many volunteers say they also find this makes a positive difference to their own lives too.

|  |
| --- |
| The area covered by your local project is *Oxfordshire & Buckinghamshire* |
| *Co-ordinator’s Name: Susan Linnett* | *Co-ordinator’s address:* *7 Keach Close* *Winslow, Bucks* *MK18 3PX* |
| *Email: susan.linnett@enrych.org.uk* |
| *Phone: 07518 300387* |

**Your details**

|  |
| --- |
| Title (if used)       Forename(s)       Last name       |
| Tel Nos Home       Work       Mobile       |
| Address Line 1:      Line 2:      Line 3:       Post Code:       | Your email addressNI number (for DBS check) |
| **Best ways to contact you**I prefer being contacted by: (click/tick the box to select) [ ]  home phone [ ]  mobile phone [ ]  email [ ]  other       |
| **Contact person in case of emergency**Name:       Relationship to you:      Tel No (daytime):       Tel No (evening):       |

What days and times are you generally available? (click/tick the square to show when free)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Day** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **AM** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **PM** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Evening** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Please tell us about yourself**

|  |
| --- |
| Please list all your skills/leisure interests. This helps us to match you with a suitable partner      |
| Do you have use of a car ?       Would you mind being paired with a smoker?       |
| Do you have any medical conditions which may affect your volunteering ? (e.g. back problems)      |
| Do you have any allergies? (e.g. household pets) Please give details      |
| Do have a preference for the person you are paired with regards to age and gender? If so please specify       |
| How did you hear about Enrych?      |

**Please read the following important information and then sign and date the form, and return to your area**

**Coordinator.**

**Rehabilitation of Offenders Act 1974**

The Rehabilitation of Offenders Act 1974 requires us to ask about certain convictions. The information you provide will be treated in confidence and only taken into account where the offence is relevant to your volunteering opportunity. The amendments to the Exceptions Order 1975 (2013) provide that *certain* spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website <https://www.gov.uk/government/collections/dbs-filtering-guidance>

Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?

If so, please give details including dates. If you have none, please write **‘None’**.

**Disclosure and Barring Service (formally CRB)**

An enhanced DBS Disclosure will be requested in the event of your application being successful. A criminal record will not necessarily be a bar to you becoming a volunteer with Enrych.

**Manual handling regulations**

* Yes, I understand that staff and volunteers must be trained in manual handling before giving any physical assistance (for example, pushing a manual wheelchair or as a sighted guide). This is a condition of the Enrych insurance cover.

**Confidentiality**

* Yes, I respect other people’s privacy. I agree not to disclose any personal or private information about people I meet though Enrych, or Enrych itself, without written consent of the ‘owner’ of that information.

Exception: If a child or vulnerable adult is at risk, or thought to be at risk, Enrych’s **Safeguarding Policy** says we must tell someone. More info and contact numbers in the **Volunteer Handbook**.

**How we use and store your information**

*The Data Protection Act 1998 and the General Data Protection Regulations 2018 are laws which uphold your right to privacy. They say you have a right to know what information is being recorded about you and what it will be used for. Our* ***Privacy Policy*** *has more information about this.*

***Enrych respects your privacy and we will keep all the records we hold about you secure and confidential****. We may store the information on paper and/or electronic files in order to:*

* *Support and manage your Enrych activity*
* *Keep in contact with you (via phone, email or post – you tell us your preferred ways of contacting you)*
* *Send you updates and newsletters about Enrych (you can unsubscribe at any time)*
* *Comply with legal requirements, including DBS checks*
* *Meet statistical requirements from funders in order to sustain our work (your personal, identifiable details will remain confidential). When involving any third party, we will take all reasonable steps to ensure your data is kept secure and confidential*
* Yes, it is OK for Enrych to use and store my information in this way

**Sharing information with relevant people**

* Yes, I agree Enrych can share relevant information with the Enrych member(s) I am supporting
* I understand that I can withdraw my consent at any time by completing a ‘**Consent Withheld**’ form (available from the Co-ordinator)

**Now please tick the appropriate box**

[ ]  **Yes, I understand and agree to the above OR**

[ ]  **Yes I understand and agree to the above except ...**

Signed       Print Name       Date (dd/mm/yyyy)

When this form is sent to Enrych as an email attachment, receipt will be accepted as a signature.