

Volunteer Application

All Volunteers need to be 18 years or older

Title	Forename(s)	Surname
Address		
Telephone	Email Address	
Emergency Contact Name		
Telephone Number		
Please tick any of the below activities you would be interested in while volunteering		
Arts & Crafts		
Cookery		
Music		
Website and Social Media Maintenance		
Alternative/Holistic therapies		
Sport/Gym		
Day Matching / Buddy Scheme		
General help in rehab centre (Flexible availability Mon to Thur 9:30 – 3:30)		
Gardening		
Administration		
IT / Computer classes		
Fundraising		
Publicity		
Not sure yet		
Please let us know your availability for volunteering		
Day	Morning	Afternoon
Monday		
Tuesday		
Wednesday		
Thursday		
Please tell us about any work, volunteering, personal experience or skills that you have that are relevant to the role/activity you are interested in		
Please tell us about any relevant experience you may have with adults with an acquired brain injury or a disability.		

How did you hear about volunteering with Edinburgh Headway Group?
What would you like to gain from volunteering with Edinburgh Headway Group?
Edinburgh Headway Group is committed to equal opportunities. So, we can consider any appropriate adjustments to the volunteer environment, and better support you in your role, please give details of any disabilities, health issues (e.g., A bad back) or support needs.
<p>Name and address of two referees; Two people who can comment on your suitability to volunteer with Edinburgh Headway Group</p> <p>1. Name: Address: Relationship to applicant: Tel. No.: Email:</p> <p>2. Name: Address: Relationship to applicant: Tel. No.: Email:</p>

Protecting the Vulnerable by Safer Recruitment

As part of our recruitment process for volunteers we require you to complete an Enhanced Disclosure application from the Disclosure Bureau of Scottish Criminal Record Office via Disclosure Scotland.

Having a criminal record will not necessarily debar you from volunteering with the Edinburgh Headway Group. This will depend on the circumstances and background of your offences. Please read our Policy Statement on ex-offenders and complete the self-declaration form attached.

Data Protection Act 1998

The information supplied on this form, and at any subsequent date, will be held both manually and on computer. Any information held by Edinburgh Headway Group will not be released to a third party without the consent of the person concerned (unless we are required by law to do so).

I confirm that the information given is complete & correct and agree to the foregoing procedure under the Data Protection Act 1998.

Signed _____

Date / /

Self-Declaration Form

The Rehabilitation of Offenders Act 1974 allows people who have been convicted of certain criminal offences to regard their convictions as "spent" after a specific period of time. This means that normally no reference need be made to the conviction or any circumstances relating to it.

However, Edinburgh Headway Group as a support service for vulnerable adults under the Regulation of Care (Scotland) Act 2001 is exempt by virtue of the Rehabilitation of Offenders Act 1974 and the Rehabilitation of Offenders Act 1974 (Exemption Order) 1975 which requires that all applicants to such a service must declare all convictions whether "spent" or not.

Any information will be completely confidential. The disclosure of conviction(s) does not necessarily exclude a person from consideration and the nature of any offence(s) will be taken into account.

Please CROSS the box as appropriate

I have no convictions, warnings, cautions, fixed penalties (other than minor Road Traffic Act offences) or court appearances recorded against me.

Or

I have the following convictions, warnings, cautions, fixed penalties (other than minor Road Traffic Act offences) or court appearances recorded against me.

Date

Court

Disposal

I am aware of the requirements for Edinburgh Headway Group to check with Disclosure Scotland the possible background of those applying for a position, paid or unpaid, which will give them substantial access to vulnerable adults. In view of the above I give consent to a check being carried out. I understand that the above information will be provided to Disclosure Scotland to facilitate the check.

Name _____ (please print)

Signed _____

Date _____

Application Declaration

I declare that the information provided in this application is true and accurate
I understand that if my application is successful I will be asked to complete a Protecting Vulnerable Groups (PVG) form

Signed:

Date: