



Hon Presidents Mrs Jean M Bryden MBE Mr Bill Bryden MA,LLB

Patrons Ronnie Corbett CBE The Right Hon. Lord Emslie

Volunteer Application

Title	Forename(s)	Surname
Address		
Postcode		
Tel No (Day)		
Mobile No		Emergency Contact
Date of Birth		Email Address
Please provide details of your background and what you have done over recent years (e.g. education, work, volunteering).		
What are your reasons for become a volunteer?		
When are you available to volunteer?(am/pm/days during the week)		
Which volunteer opportunities are you interested in? <input type="checkbox"/> Day Support (Monday–Thursday, choose the same day during the week, minimum 6months commitment) <input type="checkbox"/> Buddy Project (very flexible time, weekend included, minimum 1 year commitment)		
What skills/hobbies do you have which might be useful when volunteering?		



Have you any experience of working with or helping disabled people? Yes / No

If Yes, please give brief details

How did you hear about the Edinburgh Headway Group?

Name and address of two referees; one should be a recent employer (preferably your current employer), educator or senior official of any voluntary organisation with which you have been a volunteer. Referees should not be a family member or relative.

1. Name
Address
Relationship to applicant
Tel. No
Email:

2. Name
Address
Relationship to applicant
Tel. No
Email:

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

Headway House Astley Ainslie Hospital Canaan Lane Edinburgh EH9 2HL
tel: 0131 537 9116 email: office@edinburghheadway.org.uk www.edinburghheadway.org.uk

A Company Limited By Guarantee Registered in Scotland No. 138081 A Registered Scottish Charity No. SC006528



Associated with Headway – the brain injury association. A registered charity



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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.....

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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 _____

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Volunteer Health Information

Confidentiality

The information supplied by you on this form will only be available to Edinburgh Headway Group. By completing this form you confirm your agreement to Edinburgh Headway Group retaining the information while you are a volunteer and for long as is reasonably required thereafter.

We ask for this information to help us to identify and discuss with you any additional support you might require as a volunteer, and also to assist us in finding the most appropriate volunteering placement for you. Your application will not be declined based solely on the information you provide on this form.

Please complete the form as fully as possible (continue on the back if required):

Name _____

Address _____

1. Are you now or have you been taking any medication or receiving any medical treatment for a physical or mental health problem in the last three years?
If yes, please give details:

Yes / No

2. Do you have any conditions and/or disabilities?
If yes, please give details:

Yes / No

3. Have you had any serious illness or operation in the last three years?
If yes, please give details:

Yes / No

4. Do you have any allergies?

Yes / No

If yes, please give details:

5. Do you have a history of substance dependency?

Yes / No

If yes, please give details:

Date.....

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