



# APPLICATION FORM

## CONFIDENTIAL

FULL NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBERS	CAR REGISTRATION	MAKE/MODEL/COLOUR
Home:		
Mobile:		
Work:		
E-mail :		

Do you have the use of a car? Yes / No

Are you willing to drive people in your car? Yes / No

Do you have a current driving licence? Yes / No

**Please tick the type of help you are prepared to give:** ✓

• Taking a client to a Doctor's, Dentist's, or Optician's Appointment	<input type="checkbox"/>
• Taking a client to a Hospital appointment. The appointments usually involve going into the waiting room with the client to give them friendly support. Hospital appointments can involve going to several departments, which could take a long time.	<input type="checkbox"/>
• Taking a Client to visit someone in their home, in hospital or a Residential Home. They may be there about 1.1/2 hours	<input type="checkbox"/>
• Light gardening	<input type="checkbox"/>
• Minor repairs or DIY tasks in the home	<input type="checkbox"/>

• Accompanying a person on a walk	
• Collecting a Prescription	
• Collecting a Client's pension	
• Changing Library books with a client or for a client	
• Are you able to push an adult in a wheelchair?	
• Could you lift a folded wheelchair into and out of the boot of a car?	

**Any other help you may be able to offer** (i.e. fundraising for the group, publicity, committee involvement)

**What are your reasons for volunteering?**

**Any other information**

**PLEASE INDICATE WHEN YOU WOULD BE ABLE TO HELP**

	MON	TUES	WED	THURS	FRI
MORNING					
AFTERNOON					
EVENING					
OTHER					

**Rehabilitation of Offenders Act 1974 (Exemption) Orders 1975 & 1986**

The provisions relating to non disclosure of criminal convictions do not apply to the voluntary work for which you are applying. Therefore it is necessary for you to disclose any criminal convictions even of, under the Rehabilitation of Offenders act they would otherwise be regarded as "spent". Disclosing an offence will not necessarily prevent you from volunteering.

Have you been convicted of any criminal offence at any time Yes/No

Do you have any charges pending Yes/No

If yes please give details of the conviction(s), charge(s) and date(s):

**Are you registered with the Independent Safeguarding Authority?** Yes / No

If yes, please give your registration number: \_\_\_\_\_

**Please note** that it is a legal requirement for all volunteers working for Eastleigh Good Neighbours to undergo a Criminal Record Bureau check and to be registered with the Independent Safeguarding agency.

If your application is successful, would you like to be issued with a pre-paid mobile phone on the understanding that it remains the property of Eastleigh Good Neighbours and that you will return it on should you leave the group.

Yes / No

Would you please supply the name, address and telephone number of two referees if possible (not including a relative)

Name	Name
Address	Address
Tel:	Tel:

I give permission for all the above information to be held by the group manually and electronically. I understand that it will only be used for the purpose for which it was intended, it will be held in accordance with the Data Protection Act 1998 and will not be disclosed to a third party except where there is a legal requirement to do so. I also consent for my details to be checked against the Independent Safeguarding Authority register.

**Signed:**

**Date:**