

Volunteer Buddy Application Form

Please Return to Sandie Peters, Buddy Co-ordinator, Hawkinge House, Hurricane Way, Hawkinge, Folkestone, Kent CT18 7SS

Your Details

Title (Mr/Mrs/Miss/Other):

Full Name:

Date Of Birth:

Nationality:

Telephone Number (Home):

Address:

Telephone Number (Mobile):

Email Address:

Person to contact in emergency

Name:

Address:

Tel No:

Referees

Please contact details of two people who have known you for at least 3 years who we can contact for a character reference

Name:

Name:

Address:

Address:

Email Address:

Email Address:

Telephone Number:

Telephone Number:

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Skills and Experience

Please give a brief description of any life/work skills or experience relevant to the buddy role:

Requirements under the rehabilitation of offenders act 1974

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Orders 1975. Applicants are therefore not entitled to withhold information about convictions or police cautions which for other purposes are 'spent' under the provisions of the Act and, in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the order applies. All offers of employment will be subject to the receipt of a satisfactory CRB/POVA first disclosure and two references.

Please give details of any convictions or police cautions (with dates):

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Other Information

Please add any information which you feel may be relevant to your application, including any health conditions for which you may require support:

Agreement and Signature

By submitting this application, I declare that the information given in this document is true and complete. I understand that if I am accepted as a volunteer, any false statement, omissions, or other misrepresentations made by me on this application may result in the termination of any association with Graham Care.

Signed..... Date.....

Data Protection

I understand that any personal information stored may be accessed from time to time by authorised inspectors from the Care Quality Commission (CQC) I give permission for these individuals to have access to my records.

Signed..... Date.....