

Volunteer information/ Application form

1. Personal information

Surname:		Forename:	
Address (for correspondence):	<hr/> <hr/> <hr/>		
Telephone:		Email:	

2. Why are you interested in volunteering with Catholic Care?

3. Is there a particular type of activity or area that you would like to do?

4. What experience, knowledge, training or qualifications do you have?

5. Which days of the week and times are you available?

6. How did you find out about volunteering opportunities with us?

7. Rehabilitation of Offenders Act 1974 (Exceptions Order 1975)

Have you ever been convicted of a criminal offence, cautioned, reprimanded or given a final warning by the police, or do you have any court cases pending? If Yes , give details, with dates of offences, sentences, cautions, reprimands, final warnings and court cases pending. Because of the nature of the work, this post is exempted from the Rehabilitation of Offenders Act 1974 and all convictions, both spent and unspent must be disclosed.	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Date of offence	Nature of offence	Sentence or nature of police court sanction

The information contained in this application form will only be seen by staff involved in the recruitment process. Where the post applied for requires a DBS Enhanced Disclosure, please provide details below of any enquiries made against you that may have a bearing on your suitability for this post.

Catholic Care believes that having a criminal record will not necessarily bar you from working with us. This will depend on the nature of the position you are applying for and the background of the offence(s).

8. References

Please give the names and addresses of 2 people we may approach for a reference, who can comment on your suitability for this position. Please give name address and contact details of 2 referees and state in what capacity they know you.
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First referee			
Name:		Job title:	
Address:			
Postcode:		Telephone:	
Email:			
Capacity known:			

Second referee			
Name:		Job title:	
Address:			
Postcode:		Telephone:	
Email:			
Capacity known:			

9. Data Protection

Information given in this application will be controlled under the General Data Protection Regulation and will be used for the purposes of recruitment within Catholic Care. Should your application be successful, the information will then be used for your volunteer records. The information provided will be processed both manually and automatically for these purposes. Details of our privacy notice for volunteers is available to view on our website. (www.catholic-care.org.uk/terms-conditions)

If you object to your details being retained in this way please tick the box

10. Declaration (Please read the following before signing)

If you omit information we have requested, we may not be able to consider your application. If you are appointed to the post, any major omission or inaccurate information relevant to your application, could lead to disciplinary or in some cases, legal action against you. I declare that the information contained in this form is true and accurate, and understand that if it is subsequently discovered that any statement is false or misleading, my employment may be terminated without notice. I understand too, that where appropriate to the post a Standard or Enhanced Disclosure check will be sought in the event of my application being successful.

Signature:

Date:

**Please return form to: Janet Flynn - Personnel Officer at Catholic Care (Diocese of Leeds),
11 North Grange Road, Headingley, Leeds LS6 2BR**

Catholic Care (Diocese of Leeds)
11 North Grange Road
Headingley
Leeds
LS6 2BR

Telephone
0113 388 5400
Facsimile
0113 388 5401
Email
info@catholic-care.org.uk

www.catholic-care.org.uk

Monitoring Information

This section must be completed

We are an equal opportunities employer. All applicants receive equal treatment irrespective of their sex, marital status, disability or race. This information is important for monitoring our policies and will be treated confidentially.	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth:	
Ethnic origin:	<input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> UK/European <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Nationality <input type="checkbox"/> Black Other
Do you have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes please describe	

Are you registered disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where did you see this vacancy advertised?	

For official use only				
Shortlisted	Interviewed	Appointed	Post	Service