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| CONTACT DETAILS | | |
| Title: | First name: | Surname: |
| Date of birth: | Telephone number: | Email: |
| Address:Postcode: | | |
| HOW DID YOU HEAR ABOUT THIS VOLUNTEERING OPPORTUNITY?HAVE YOU WORKED IN A VOLUNTEERING CAPACITY BEFORE? IF YES, PLEASE GIVE DETAILS: | | |
| EMPLOYMENT STATUS: | | |
| PLEASE SUPPLY THE DETAILS OF YOUR NEXT OF KIN IF THERE IS AN EMERGENCY | | |
| Name: | Telephone: | Relationship to you: |
| AVAILABILITY & FREQUENCY: PLEASE INDICATE WHEN, WHAT DAYS, AND HOW OFTEN YOU ARE AVAILABLE TO VOLUNTEER: | | |
| PLEASE DETAIL ANY SKILLS/ATTRIBUTES/INTERESTS/QUALIFICATIONS/EMPLOYMENT EXPERIENCES THAT YOU COULD BRING TO THE BEFRIENDING VOLUNTEERING ROLE: | | |
| DO YOU HAVE A CURRENT DRIVING LICENCE? | | |
| ARE YOU A MEMBER OF THE DISCLOSURE SCOTLAND PROTECTING VULNERABLE GROUPS (PVG) SCHEME? | | |
| CHARACTER REFERENCES – WE ASK THAT YOU PROVIDE ATLEAST 2 CONTACT DETAILS FOR PEOPLE WHO CAN PROVIDE YOU WITH A CHARACTER REFERENCE (E.G. A PREVIOUS EMPLOYER, A NEIGHBOUR, A LANDLORD ETC). **REFERENCES MUST NOT BE FROM RELATIVES**. ATLEAST ONE CHARACTER REFERENCE MUST BE FROM AN INDIVUAL WHO KNOWS YOU THROUGH A PROFESSIONAL SETTING. WE WILL TAKE UP REFERENCES ANYTIME BETWEEN RECEIVING YOUR APPLICATION AND YOUR 3 MONTH REVIEW DATE AS A BEFRIENDING VOLUNTEER. PLEASE GAIN PERMISSION FROM YOUR REFERENCE FIRST BEFORE PROVIDING THEIR CONTACT DETAILS BELOW. | | |
| Name:Relationship to you: | Address:Postcode: | Telephone:Email: |
| Name:Relationship to you: | Address:Postcode: | Telephone:Email: |
| UNSPENT CONVICTIONS – WE ASK ALL VOLUNTEERS TO DISCLOSE ANY UPSPENT CONVICTIONS. YOU ARE NOT REQUIRED TO DISCLOSE ANY CONVICTIONS WHICH ARE CONSIDERED ‘SPENT’ UNDER THE REHABILITATION OF OFFENDERS ACT. VOLUNTEER ROLES THAT INVOLVE DIRECT CONTACT WITH OUR SERVICE USERS ALSO REQUIRE MEMBERSHIP OF THE PVG SCHEME WHICH INVOLVES A FULL BACKGROUND CHECK.IF YOU HAVE BEEN CONVICTED OF ANY OFFENCE FOR WHICH A SENTENCE OF MORE THAN TWO AND A HALF YEARS WAS IMPOSED (REGARDLESS OF THE AMOUNT OF TIME YOU ACTUALLY SPENT IN PRISON), THIS CONVICTION CAN NEVER BE ‘SPENT’. IT IS AN UNSPENT CONVICTION. | | |
| Do you have any unspent convictions or relevant spent convictions (including cautions)? See <https://www.mygov.scot/offences-always-disclosed/> for details | | |
| Are there any criminal proceedings against you? If you answer **yes,** to either of these questions, please state the nature of conviction, date of conviction/sentence and penalty on a **separate** sheet of paper and enclose this with your application form:Having a criminal record will not automatically exclude you from volunteering. Each case will be considered on its merits and in relation to the befriending role. The circumstances of the offence will always be considered so please give as much information as possible. As with all of your details, this information will be treated with the strictest confidence. | | |
| STORAGE AND USE OF YOUR DETAILS BY BLACK ISLE CARES AND THE HIGHLAND HOSPICE | | |
| Black Isle Cares and the Highland Hospice stores your data securely for the purposes of administering your volunteering role(s). In order for you to fulfil your role(s) effectively we need to provide you with information about current Black Isle Care and Highland Hospice services, potential service developments and other news. To do this we will communicate with you by email and occasionally by post or text unless you ask us not to using the opt-out below. We also need to share your name and contact details with other staff and volunteers in your team. **We will never sell or share your data with any other third party unless required by law.** If you would like a copy of our full privacy notice then please ask our Project Coordinator who will issue you with a copy.We hope you will be happy to receive occasional newsletters and other communications from Black Isle Cares and Highland Hospice to support your volunteering roles with us, however, if you would prefer not to receive this information then please tick this box: | | |
| DECLARATION – PLEASE READ THE FOLLOWING POINTS AND SIGN BELOW ONCE YOU HAVE COMPLETED THE FORM | | |
| I have completed this form and the details I have supplied to the best of my knowledge, and they are true and complete.I declare that I have no previous unspent convictions or pending convictions or have identified any I do have on a **separate** sheet of paper attached to this formI authorize you to obtain my character references | | |
| Signature: | | Date: |

**Please return your completed form to** [**admin@blackislecares.com**](mailto:admin@blackislecares.com) **or post to Black Isle Cares, Black Isle Leisure Centre, Deans Road, Fortrose, IV10 8TJ**