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| **For office use only** |
| **Date Rec:** |  |
| **Seen By:** |  |
| **Applying For:** |  | **Placed:** |  |

**Volunteer Application Form**

|  |  |
| --- | --- |
| **Last Name:** **First Name:** **Title:** **Home Address:** **Postcode:** **Email Address:** **Mobile Number:** **Date of Birth:** **GP Name and Address:** **GP Contact Telephone:** **Emergency Contact Address:** **Emergency Contact Phone Number:** **Emergency Contact Relationship:**  |  |

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| **What best describes your current employment status?** |
| **Please select the one that best applies** |
|  |
|  | **Working as an Employee:** | **Up to 30 Hours** |  | **30 Hours +** |  |
|  | **Self Employed** |
|  | **Retired** |
|  | **Full Time Student** |
|  | **Looking After Home or Family Full Time** |
|  | **Long Term Sick or Disabled** |
|  | **Doing Any Other Kind of Paid Work** | **Specify if you wish:** |  |
|  | **None of the Above** | **Specify if you wish:** |  |
|  | **Prefer Not to Say** |

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| **Which part(s) of PAS would you like to volunteer in?** |
| **Perth – Children’s Services**  |  | **Perth- Transitions Services** |  | **Outreach – Children’s Services** |  | **Other:** |  |
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| **If you have a PVG Certificate, please tell us your membership No:** |  |

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| **What would you like to achieve from being a volunteer?** |
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| **Part C: References** |
| **Please provide details of two referees we can contact – these CANNOT be family members, relatives or partners. They must have known you for at least two years.** |
|  |  |
| **Name:** |  |
| **Address:** |  |
|  |
|  |
| **Telephone No:** |  |
| **Email:** |  |
| **Relationship to Applicant:** |  |
|  |  |
|  |  |
| **Name:** |  |
| **Address:** |  |
|  |
|  |
| **Telephone No:** |  |
| **Email:** |  |
| **Relationship to Applicant:** |  |
|  |  |

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| --- | --- | --- | --- |
| **Do you have a valid driver’s license?** | **YES / NO** | **Do you have access to a car?** | **YES / NO** |

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| **Part D: Availability** |
|  |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Morning** |  |  |  |  |  |  |  |
| **Afternoon** |  |  |  |  |  |  |  |
| **Evening** |  |  |  |  |  |  |  |
|  |
| Please note any specific details about your availability: |
|  |
|  |  |

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| **I CERTIFY THE INFORMATION ON THIS FORM IS TRUE AND CORRECT AND UNDERSTAND I WILL HAVE TO COMPLETE AN APPLICATION TO THE PROTECTING VULNERABLE GROUPS (PVG) SCHEME IF APPROPRIATE TO MY VOLUNTEERING ROLE** |
| **Signed:** |  | **Date:** |  |

**Monitoring Form**

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| **Question 1 – What is your ethnic group?**Please choose **ONE** section from A to F which best describes your ethnic group or background, then select **ONE** box from within that section.**A White**[ ]  Scottish [ ]  Other British[ ]  Irish [ ]  Polish [ ]  Gypsy/Traveller[ ]  Other white ethnic group, please write in:**B Mixed or multiple ethnic groups**[ ]  Any mixed or multiple ethnic groups, please write in **C Asian, Asian Scottish or Asian British**[ ]  Pakistani, Pakistani Scottish or Pakistani British[ ]  Indian, Indian Scottish or Indian British[ ]  Bangladeshi, Bangladeshi Scottish or Bangladeshi British[ ]  Chinese, Chinese Scottish or Chinese British[ ]  Other, please write in:**D African, Caribbean or Black**[ ]  African, African Scottish or African British[ ]  Caribbean, Caribbean Scottish or Caribbean British[ ]  Black, Black Scottish or Black British[ ]  Other, please write in:**E Other ethnic group**[ ]  Arab, Arab Scottish or Arab British[ ]  Other, please write in:**F Prefer not to say**[ ]  Prefer not to say |

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| **Question 2 – Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?**The Equality Act 2010 protects disabled people. The Equality Act defines a person as disabled if they have a physical or mental impairment, which is substantial and long term (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person’s ability to carry out normal day-to-day activities.**⧫ Please select all that apply**[ ]  Deafness or severe hearing impairment[ ]  Visual impairment[ ]  A physical disability (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)[ ]  A learning disability (such as Down’s syndrome)[ ]  A learning difficulty (such as dyslexia or dyspraxia)[ ]  A mental health condition (such as depression or schizophrenia)[ ]  A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy)[ ]  Other condition, please write in:[ ]  No[ ]  Prefer not to say |

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| **Question 3 – What religion, religious denomination or body to you belong to?** [ ]  None [ ]  Church of Scotland [ ]  Roman Catholic [ ]  Other Christian [ ]  Muslim [ ]  Buddhist[ ]  Sikh [ ]  Jewish[ ]  Hindu [ ]  Another religion, please write in:[ ]  Prefer not to say |

Completed applications can be returned electronically to:

**info@perthautismsupport.org.uk**