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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Details** | | | | | | | | | | | | | | | | | | | | | |
| **Name**: | | | | |  | | | | | | | | | | | | | | | | |
| **Address**: | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | |
| **Postcode**: | | | | |  | | | | | | | | | | | | | | | | |
| **Tel No:** | | | | |  | | | | | | | | | **Mobile No:** | | | |  | | | |
| **Email Address:** | | | | |  | | | | | | | | | **16 -18 years** | | | | **18 + years** | | | |
| **Current Status** | | | | | | | | | | | | | | | | | | | | | |
| **Employed** | | |  | **Unemployed** | | |  | | **Student** | | |  | **Retired** | | | |  | | **Other *(please specify below)*** | |  |
| Further comments | | | | | | | | | | | | | | | | | | | | | |
| Commitment – please tell us how much time you available: | | | | | | | | | | | | | | | | | | | | | |
|  | | **Monday** | | | | **Tuesday** | | **Wednesday** | | | **Thursday** | | | | | **Friday** | | | **Saturday** | **Sunday** | |
| **Morning** | |  | | | |  | |  | | |  | | | | |  | | |  |  | |
| **Afternoon** | |  | | | |  | |  | | |  | | | | |  | | |  |  | |
| **Evening** | |  | | | |  | |  | | |  | | | | |  | | |  |  | |
| **References** – please provide details of 2 people (that you have known for **at least 1 year**) who can be contacted for a character reference (they must be over 18, please state their relationship to you i.e. work colleague, friend etc). They must not be a related to you | | | | | | | | | | | | | | | | | | | | | |
| **Name:** |  | | | | | | | | | **Name:** | | | | |  | | | | | | |
| **Address:** |  | | | | | | | | | **Address:** | | | | |  | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | |
| **Tel No:** |  | | | | | | | | | **Tel. No:** | | | | |  | | | | | | |
| **Email**: |  | | | | | | | | | **Email**: | | | | |  | | | | | | |

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| --- |
| **Rehabilitation of offenders (exceptions) order N.I 1979** |
| **Have you any convictions?** Yes No    Is there any reason why you cannot work in regulated activity? Yes No  If yes, please give details:  **DECLARATION**  I declare that the information that I have given is correct.  **Signature:**  **Date:**  **IT SHOULD BE NOTED THAT DISCLOSURE OF A CONVICTION DOES NOT NECESSARILY DEBAR ANY APPLICANT.**  Applicants who are applying for posts under Regulated Activity as defined by the Safeguarding Vulnerable Groups (NI) Order 2007 and falls within the definition of an ‘excepted’ position as provided by the Rehabilitation of Offenders (Exceptions) Order (NI) 1979. If you are shortlisted for interview, you will therefore be asked to provide details of ALL convictions including SPENT convictions which MUST be disclosed and will be subject to verification. Having a conviction will not necessarily debar your application from being considered. For further information on Access NI Code of Practice please visit [***www.nidirect.gov.uk/accessni-code-of-practice***](http://www.nidirect.gov.uk/accessni-code-of-practice)***.*** Southern Area Hospice Services adheres to the Recruitment of ex-offenders’ policy and a copy can be made available upon request. |
| **Data Protection**  Under GDPR law, it is important you are aware that when you become a volunteer in Evora Hospice, we will keep your information safe & secure. This will only be used for volunteering purposes within our organisation and held under Data Protection Regulations (please refer to our privacy statement at https://evorahospice.org/privacy-policy. We will contact you via text, email, post or phone using the details you have provided regarding your volunteering role. Please put a **tick or x** in the appropriate boxes below.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Email** |  | **Phone** |  | **Text** |  | **Post** |  |   ***I consent to my personal information being held and agree to be contacted for Volunteering purposes only by (please tick all that are applicable for you)***     |  |  | | --- | --- | | **Please tick this box** |  |   ***I do not consent to my information being held.*** |

**I certify that the above information is correct, and I hereby consent to my referees being contacted.**

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_