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| **SEFTON CARERS CENTRE VOLUNTEER APPLICATION FORM**    **Private & Confidential Information**    **Important Information - Data Protection Act & UK GDPR 2021**  The information which you provide in the form below will be used solely for the purpose of processing your application and dealing with you as a volunteer. It will also enable us to compile statistics which will not identify you as an individual. The information will be kept securely and for no longer than necessary. If you would like more information on how Sefton Carers Centre stores or uses your data please speak to the volunteer Coordinator or see the privacy statement on our website. | | | | | | |
| Title: | | | Home phone number: | | | |
| First name(s): | | | Mobile phone number: | | | |
| Surname: | | | Email address: | | | |
| Address:  House number: | | | Date of birth:  / /19 | | | |
| Street: | | | Please state below how you would like to be contacted:  Post/ E-Mail / Home Phone / Mobile | | | |
| Town: | | | How did you become aware of our volunteer programme? | | | |
| Postcode: | | |  | | | |
| What type of volunteering role are you interested in? | | | | | | |
| When would you like to, or are available to, volunteer? Please tick below: | | | | | | |
| Monday | Morning |  |  | Afternoon |  |
| Tuesday | Morning |  |  | Afternoon |  |
| Wednesday | Morning |  |  | Afternoon |  |
| Thursday | Morning |  |  | Afternoon |  |
| Friday | Morning |  |  | Afternoon |  |
| Approximately how many hours per week would you like to volunteer? | | | | | |
| Please give details of any learning or physical disability, mental or physical illness, caring responsibilities, transport issues etc. which you may require support with to enable you to volunteer with us: | | | | | |
| Please give details of any previous voluntary experience you have or skills and interests you would like to develop: | | | | | |
| Is there any other information you would like to give us that may help with providing you with a suitable volunteering role? | | | | | |
| Do you have any spent or unspent convictions that would bar you from working or volunteering with children or vulnerable adults?  Yes No  If you have responded ‘Yes’ to the above statement please indicate if your conviction is Spent or Unspent  Yes No  If you have a portable DBS, please provide your DBS Certificate Numb  **Emergency Contact**: Please provide us with the details of someone you would like us to contact on your behalf in the unlikely event of there being an emergency. | | | | | |
| Title: | | | | | |
| First name: | | | | | |
| Surname: | | | | | |
| Address: | | | | | |
| Postcode: | | | | | |
| Tel (home/work): | | | | | |
| Tel (mobile): | | | | | |
| Please provide details of a person who is not a relative that can provide a reference | | | | | |
| Name: | | | | | |
| Relationship to referee | | | | | |
| Address: | | | | | |
| Telephone number | | | | | |
| Mobile number | | | | | |
| Email address | | | | | |
| I hereby confirm that the above details are correct to the best of my knowledge and I have read and understand the Important Information on page one.      **Signature: Print Name: Date:**      **Please return this form to:** Louise Stewart, Sefton Carers Centre, 27 to 37 South Road, Waterloo, L22 5PE Or e-mail to: lou.stewart@carers.sefton.gov.uk    Sefton Carers Centre is a registered charity in England and Wales No. 1050808. Registered as a company limited by guarantee in England No.3124430 Registered Office: 27 - 37 South Road, Waterloo, L22 5PE | | | | | |

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| **Equality and Diversity Monitoring - Volunteers** | | |
| Sefton Carers Centre & aims to provide equal opportunities for all volunteers. Please complete the form and email or post to the address at the end. The information below is anonymous and will not be stored with any identifying information about you. All details are held in accordance with the Data Protection Act 1998.    We would like you to complete this form in order to help us understand who we are reaching and to better serve everyone in our community. The information will be used to provide an overall profile analysis of our volunteer base. If you would like the form in an alternative format or would like help in completing the form, please contact a member of staff.    **Ethnicity**  Please state what you consider your ethnic origin to be. Ethnicity is distinct from nationality and the categories below are based on the 2001 Census in alphabetical order. | | |
| **Asian** | **Black** | **Chinese or other ethinic group** |
| ¨Indian | ¨Caribbean | ¨Chinese |
| ¨Pakistani | ¨African | ¨Any other ethinic group (please write in) |
| ¨Bangladeshi | ¨Any other black background  (please write in) |  |
| ¨Any other Asian background (please write in) |  |  |
| **Mixed** | **White** |  |
| ¨White and Black Caribbean | ¨English | ¨Rather not say |
| ¨White and Black African | ¨Irish |  |
| ¨White and Asian | ¨Scottish |  |
| ¨Any other mixed background (please write in) | ¨Welsh |  |
|  | ¨Any other white background (please write in) |  |
| **Age:** ¨Rather not say | | |

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| **Disability**  The Disability Discrimination Act 1995 (DDA) defines a person as disabled if they have a physical or mental impairment which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effect on one’s ability to carry out normal day-to-day activities. This definition includes conditions such as cancer, HIV, mental illness and learning disabilities.    Do you consider yourself to have a disability according to the above definition?    ¨ Yes ¨ No ¨ Rather not say | | | | |
| **Gender** | | | | |
| ¨ Male | | ¨ Rather not say | Transgender  ¨ F to M  ¨ M to F | |
| ¨ Female | |
| **Faith**  Which group below do you most identify with? | | | | |
| ¨ No religion | | ¨ Baha’i | ¨ Buddhist | |
| ¨ Christian | | ¨ Hindu | ¨ Jain | |
| ¨ Jewish | | ¨ Muslim | ¨ Sikh | |
| ¨ Other (please write in) | | ¨ Rather not say |  | |
| **Sexual Orientation**  How would you describe your sexual orientation? | | | | |
| ¨ Bisexual | ¨ Gay man | | | ¨ Heterosexual or ‘straight’ |
| ¨ Lesbian | ¨ Other | | | ¨ Rather not say |
| **Please return this form to: Lou Stewart** Sefton Carers Centre, 27 to 37 South Road, Waterloo, L22 5PE Or e-mail to lou.stewart@carers.sefton.gov.uk  cid:image001.png@01D43628.8258B3B0 | | | | |