

Siblings-Together

Volunteer Application form

Please complete this form and return it to: Delma Hughes, 320 Southwark park Road,
London SE16 2HA. Email: delma@siblings-together.co.uk Tel; 02072316925

SECTION 1: PERSONAL DETAILS	
Surname:	
Forenames:	
Present Address:	Home Tel No:
	Work Tel No::
	Mobile No:
	Email Address:
Post Code:	
May we contact you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>	
SECTION 2: EMPLOYMENT & EDUCATION	
<i>We do all we can to ensure the safety of Young people & staff. Siblings Together have an initial screening procedure. We require applicants for our camps to provide a comprehensive account of the last 10 years of their life, Including employment, time spent in education or any prolonged periods spent abroad. Failure to provide this information in your employment history will mean your application will not be short-listed.</i>	
SECTION 2a: Current Employment	
Name and address of current employer:	Current Job Title:
	Start Date:
Please give a brief description of your responsibilities (Continue on a separate sheet if necessary)	
SECTION 2b: Employment History	
<i>Please give details of your previous employment (most recent first). Continue on a separate sheet if necessary and please ensure to account for any gaps</i>	
Name and address of employer:	Job Title & Scope of Post:
	Dates Employed: From: to Reason for Leaving:
Name and address of employer:	Job Title & Scope of Post:
	Dates Employed: From: to Reason for Leaving:
Name and address of employer:	Job Title & Scope of Post:
	Dates Employed: From: to Reason for Leaving:

SECTION 2c: Education & Qualifications	
<i>Please give details of your education and qualifications obtained. If selected for an interview you will be required to produce certificates of all qualifications gained. Continue on a separate sheet if necessary.</i>	
Schools/Colleges etc	Examinations Passed/Qualifications obtained
Details of any further qualifications obtained or relevant courses attended:	
SECTION 3: EXPERIENCE & SKILLS	
Please read the Guidance Notes before completing this section. Please answer the following questions to your fullest capability (No more than a maximum of 2 A4 sheets).	
1. Why are you interested in becoming a sibling camp volunteer?	
2. What experience do you have of children/young people?	
3. Have you any experience of children/young people looked after/in need?	
4. Have you any particular skills/interest/hobbies you might bring to camp?.	
SECTION 4: OTHER INFORMATION	
<i>Along with the initial screening procedure Siblings Together conduct a number of checks in line with the Rehabilitation of Offenders Act 1975 & Asylum & Immigration Act 1996. Volunteers will be invited to satisfy a health clearance following the completion of a medical questionnaire. You will need to provide information relating to all these areas.</i>	
Section 4a: Criminal Conviction Declaration	
Under the Rehabilitation of Offenders Act (Exemptions) Order 1975 for certain employment categories no offence can be deemed to be spent. One such category is where employees can have unsupervised access to children. Volunteers fall within this category. You must declare all convictions. Please give details of any offences, convictions, cautions or bind over's received or any proceedings pending.	
Under the Disqualification for Caring for Children Regulations 1991 as amended by the Children (Protection from Offenders) Regulations 1997, anyone who has been convicted under any of the offences as listed in Appendix A , or for an offence involving violence or threat of violence against a person, or who is otherwise disqualified from fostering or who has had their children taken into care is thereby disqualified from working in a children's camp . Exemption from the regulation may be granted only by the Secretary of State.	
Have you ever had your own children taken into care?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been disqualified from fostering?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you undergone a police check in the past three years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have had a police check carried out please state the date and name of the organisation who carried out the check?	
Date of Police Check:	Organisation:

Section 5 – Referees	
<i>This means that any referees provided below must specifically relate to your past employment and/or education. References from previous employers maybe taken up as part of our initial screening procedure. All applicants must provide the names, addresses (including postcodes) and telephone number of two referees. A reference from your present employer will be sought after the interview stage. If we need to contact them beforehand you will be informed.</i>	
Referee 1 (Present Employer)	
Name:	Address:
Job Title:	
Telephone No:	
Email address:	
	Postcode:
Referee 2	
Name:	Address:
Job Title:	
Telephone No:	
Email address:	
	Postcode:
Section 6 – Declaration	
Siblings Together reserves the right to make enquiries with whomever it considers appropriate, as part of verifying the information you have provided. Giving false information, or omitting to give information that is relevant in our decision about your joining as a volunteer in our team, will be grounds for refusal.	
The information on this form to the best of my knowledge is accurate.	
Signed:	Date:

Appendix A

Criminal offences, which would disqualify Volunteers from joining Siblings Together.

Schedule I of the Disqualification for Caring for Children Regulations 1991 – as amended by The Children (Protection from Offenders) (Miscellaneous Amendments) Regulations 1997 – sets out the convictions which would disqualify any person from volunteering with children.

These are as follows:

- Offences under:
- Section 1 of the Children and Young Person’s Act 1933 (b)
- The Indecency with Children Act 1960
- Section 54 of the Criminal Law Act 1977
- Section 1 of the Protection of Children Act 1978
- Section 160 Criminal Justice Act 1980
- Section 170 Customs and Exercise Management Act 1979
- Any offence involving injury or threat to another person.

EQUAL OPPORTUNITIES DIVERSITY MONITORING FORM

In accordance with Siblings Together Equal Opportunities and Diversity policy we aim to operate a fair system in which to select volunteers. We can monitor this process against a range of personal characteristics that should have no bearing on who is selected.

The information that you supply on this will be treated in the strictest of confidence and will be used for monitoring purposes only.

Surname:		
First name:		
Post Applied for:		
How did you hear about Volunteering for Sibling Together? <input type="checkbox"/> Advertisement in newspaper, please specify <input type="checkbox"/> Friend/relative/colleague <input type="checkbox"/> A National Voice <input type="checkbox"/> Our website <input type="checkbox"/> Other, please specify		
Age <input type="checkbox"/> 16-24 <input type="checkbox"/> 35-44 <input type="checkbox"/> 55-64 <input type="checkbox"/> 25-34 <input type="checkbox"/> 45-54 <input type="checkbox"/> 65+		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Gender identity (optional) <input type="checkbox"/> Transsexual <input type="checkbox"/> Transgender <input type="checkbox"/> Sexuality		
I would describe myself as follows: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1 Asian or Asian British</p> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background </div> <div style="width: 45%;"> <p>2 Black or Black British</p> <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>3 Chinese or other ethnic group</p> <input type="checkbox"/> Chinese <input type="checkbox"/> Any other background </div> <div style="width: 45%;"> <p>4 White</p> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background </div> </div> <p>5Mixed</p> <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> Prefer not to say <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian		
Disability: please tick against one of the following? Do you consider yourself to have a disability within the meaning of the Disability Discrimination Act 1995? The Disability Discrimination Act 1995 defines a disabled person as someone who has a physical or mental impairment, which has a substantial or long-term effect on his or her ability to carry out normal day-to-day activities. Conditions covered may include for example, severe depression, dyslexia, diabetes, epilepsy and arthritis. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say		
Religion or belief <input type="checkbox"/> Bahai <input type="checkbox"/> Jain <input type="checkbox"/> Other <input type="checkbox"/> Buddhist <input type="checkbox"/> Jewish <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Christian <input type="checkbox"/> Muslim <input type="checkbox"/> Hindu <input type="checkbox"/> Sikh		
Sexual Orientation: please tick against one of the following <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay woman/Lesbian <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Gay man <input type="checkbox"/> Heterosexual/Straight		