**Appendix 7.4**

**Volunteer Application Form**

If you require this form in a different format, please ask.

**Name** ……………………………………………………………………………………………………………………………………………….

**Address …………..**………………………………………………………………………………………………………………………………

**Town** ……………………………………………………………….  **Postcode** …………………………………………………………….

**Tel. No.** …………………………………………………………….. **Email Address** …………………………………………………..

Please note: the specific volunteer role in which you have expressed an interest is listed below, along with details of any checks required. If you wish to apply for a different role, please contact us.

For office use only:

Volunteer Role Title (if applicable) ………………..…………………………………………………………….

Is this post eligible for an Enhanced Disclosure Check? Yes

Is this post in ‘regulated activity’ ie. eligible for a ‘barred check?’ Yes

What motivated you to apply to volunteer with the Mae Murray Foundation?

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What previous work experience, including voluntary work, do you have?

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Do you have any hobbies/interests relevant to this post?

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What skills/knowledge/experience do you feel you could bring to this role? (eg. safeguarding training, first aid training, experience in helping with personal care)

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Are there any reasonable adjustments which we could make, as part of your recruitment process, to enable you to enjoy equality of opportunity when volunteering with us? Please specify.

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Please provide details of two people who have known you for at least 2 of the last 5 years but are not related to you and would be happy to provide a reference.

Name ……………………………………………………………. Contact No. ……………………………………………………………….

Address ………………………………………………………………………………………………………………………………………………

Postcode ……………………………………………………. Email ………………………………………………………………………….

Name ……………………………………………………………. Contact No. ……………………………………………………………….

Address ………………………………………………………………………………………………………………………………………………

Postcode …………………………………………………….. Email ………………………………………………………………………….

List any preference of geographical areas/sites in which to volunteer:

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Print Full Name ………………………………………………………………………………

Signature .……………………………………………. Date ………………………………

Thank you for your interest, please remember to also complete the Declaration & Consent attached and we will be in touch soon.

**Please return completed form** **to**:

Operations Manager, Mae Murray Foundation, Unit A9B Innovation Suite, Ash Building, Willowbank Business Park, Millbrook, Larne, BT40 2SF

**Please note:**

All information received will be dealt with in confidence, consistent with our Safeguarding Policy and held and processed in accordance with data protection legislation.

**Declaration and Consent Form**

**Please note this application form complies with the AccessNI ‘Code of Practice’, which can be found at:** [**https://www.nidirect.gov.uk/publications/accessni-code-practice**](https://www.nidirect.gov.uk/publications/accessni-code-practice)**. Having a criminal record will not exclude you from being considered for a role within the Mae Murray Foundation. Please also see our ‘AccessNI Policy Statement, AccessNI Security Policy, and our Access NI Policy Statement on the recruitment of Ex-Offenders, available in the Policies and Procedures Document on our website** [**www.maemurrayfoundation.org**](http://www.maemurrayfoundation.org) **or available in print form upon request.**

We are committed to safeguarding children and adults at risk of harm and to ensuring equal opportunity for all applicants. Information about criminal convictions is requested to assist the selection process and will be taken into account only when the conviction is considered materially relevant to the position applied for. This application form will state the title of the position and what checks, if any, are appropriate. If you have any questions regarding whether or not the position you are applying for falls into ‘regulated activity’ or is eligible for an ‘enhanced disclosure check’, then please contact the Safeguarding officer:

Alix Crawford on 07900 278 780.

If you have applied for a position that is defined as Regulated Activity under the Safeguarding Vulnerable Groups (NI) Order 2007, as amended by the Protection of Freedoms Act 2012, then please note this post is not open to anyone who has been barred from work with vulnerable adults by the Disclosure and Barring Service and your application will therefore not be progressed.

**OR**

If you have applied for a position that is eligible for an Enhanced Disclosure Check under the Safeguarding Vulnerable Groups (NI) Order 2007, as amended by the Protection of Freedoms Act 2012 then please note it falls within the position of an ‘excepted’ position under The Rehabilitation of Offenders (Exceptions) Order (NI) 1979. This means that you must tell us about all offences and convictions, including those considered ‘spent’.

If you have received a formal caution or are currently facing prosecution for a criminal offence you should also bring this to our attention given the “excepted” nature of the role. If you leave anything out it may affect your application.

This information **will** be verified through an AccessNI **Enhanced Disclosure Check (EDC)** if you are considered to be the preferred candidate and are being offered the position. The EDC will tell us about your criminal record history (and, where the post is regulated activity, if your name has been included on a Barred List). It is to make sure that individuals who are considered a risk to vulnerable adults and/or children are not appointed.

The information received will be treated confidentially and will be assessed alongside normal selection criteria to determine suitability for the position. A separate meeting will be held with you if clarification is required to discuss any issues around your disclosure before a final decision is reached. After the decision has been made the information will be destroyed.

Please complete the attached form and return it with your application. The form also asks you to give your written consent to the AccessNI Check and to agree to further enquiries being made relevant to the declaration, which will only be obtained if you are the preferred candidate. If you do not consent we will not accept your application.

Applicants can also submit a separate statement of disclosure if they wish. This may include details such as the particular circumstances around the conviction(s); how circumstances may have changed; and what has been learnt from the experience. Applicants can contact the Northern Ireland Association for the Care and Rehabilitation of Offenders (NIACRO) for more information.

**Declaration of Criminal Convictions, Cautions and** **Bind-Over Orders**

**In Confidence**

1. Have you been barred from working with vulnerable individuals and therefore had your name place on the Barred List? Yes ( ) No ( )

If yes, give details

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1. Do you have any prosecutions pending? Yes ( ) No ( )

If yes, give details

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1. Have you ever been convicted by a court or cautioned over any offence?

Yes ( ) No ( )

If yes, please list below details of all convictions, cautions, or bind-over orders. Give as much information as you can, including, if possible, the offence, the approximate date of the court hearing and the court which dealt with the matter.

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1. Declaration of abuse investigation(s)

Have you ever been the subject of an adult or child abuse investigation where it was alleged that you were the perpetrator of any adult/child abuse? Yes ( ) No ( )

If yes, please list full details below including the name of police unit or HSC Trust involved in the investigation. If possible please provide the approximate date/s.

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**Data protection**

The Mae Murray Foundation values personal privacy and all information collected will be stored in line with our Data Protection Policy and Procedures. A copy is available upon request. This information will always be kept safe and secure. We will not share your information with any third party. You can view our full Privacy Policy by visiting our website: [www.maemurrayfoundation.org](http://www.maemurrayfoundation.org) .

We would like to correspond with you regarding upcoming events, ways to improve our services and training. We will correspond with you in a variety of ways such as: by post, telephone, email and SMS. If you agree to your information to be stored in line with data protection procedures and to being contacted this way, please sign below:

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration and Consent**

I declare that the information I have given is complete and accurate. I understand that I will be asked to complete an AccessNI Disclosure Certificate Application Form if I am considered to be the preferred candidate. I consent to the appropriate AccessNI check being made and I agree to enquiries relevant to this declaration.

Signature: Date:



Print name:



Any name or surname previously known by:



Position applied for:



For office use only:

AccessNI check required Yes/No

Date AccessNI check initiated/By whom ………………………………………………………………………………………….

Reference Received Yes/No Date Received ..…………………………………………………...

Application referred to MMF board for approval Yes/No Date …………………………………

Application successful Yes/No Date ……………………………………………………………………

Induction Training Required Yes/No Date planned …………………………………………………………

Guidelines, Policies & Procedures Pack Date issued …………………………………………………………….

**Registered Charity No NIC100842**