



Brain Injury Matters

Please complete in **black** ink or type.

Position applied for: Volunteer

| | | |
|----------------|--------------------------|----------------|
| Artist | Younger Persons Network | Physiotherapy |
| Fundraising | Wellbeing Programme | Bank Volunteer |
| Administration | Family Support Programme | Drama |

(circle interested role above)

Personal Information:

| | | | |
|---|-----------|-------------------|--------|
| Title: | Forename: | Surname: | D.O.B. |
| Address: | | Contact Tel. Nos: | |
| | | Home: | |
| | | Mobile: | |
| E-Mail Address: | | | |
| Please tick <input type="checkbox"/> if you are happy to receive our quarterly e-newsletter | | | |

Availability

Please indicate on which days you would be available to volunteer.

| Day | Times | | | | |
|-----------|---------|--------------------------|-----------|--------------------------|--|
| Monday | Morning | <input type="checkbox"/> | Afternoon | <input type="checkbox"/> | |
| Tuesday | Morning | <input type="checkbox"/> | Afternoon | <input type="checkbox"/> | |
| Wednesday | Morning | <input type="checkbox"/> | Afternoon | <input type="checkbox"/> | |
| Thursday | Morning | <input type="checkbox"/> | Afternoon | <input type="checkbox"/> | |
| Friday | Morning | <input type="checkbox"/> | Afternoon | <input type="checkbox"/> | |

References:

Please give details of **two** people to whom you are not related but that you have known you for at least three years that we can approach for references.

| Name | Address & Postcode | Occupation | Capacity in which known | Tel. Number | Email Address |
|------|--------------------|------------|-------------------------|-------------|---------------|
| | | | | | |
| | | | | | |

Health Status

Please note that all applicants are considered on the basis of suitability, irrespective of any disability.

| |
|---|
| Will you require any additional support in your role? |
| |

Community Activities

Please tell us about any community / voluntary activities or work you have been or are involved in.

| |
|--|
| |
|--|

Brain Injury

Outline what you believe to be the main issues currently facing people affected by Brain Injury and their Carers.

Employment Experience

Please outline briefly your current and / or previous employment experience (if any)

Motivation

Please outline your reasons for applying to volunteer with Brain Injury Matters.

Declaration

I confirm that the information given in this application form is correct.

SIGNATURE: _____ **DATE:** _____

Thank you for your interest. Please return completed applications to:

**Volunteer & Training Manager
Brain Injury Matters
Unit 5C, Stirling House, Castlereagh Business Park
478 Castlereagh Road
Belfast, BT5 6BQ**

Please note: All information received will be dealt with in confidence, consistent with our commitment to safeguard vulnerable adults.

Declaration and Consent *(do not complete if applying for Community Fundraising role)*

Brain Injury Matters is committed to safeguarding vulnerable adults 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.

You have applied for a position that is defined as Regulated Activity under the Safeguarding Vulnerable Groups (NI) Order 2007. It also falls within the definition of an 'excepted' position under the Rehabilitation of Offenders (Exceptions) Order (NI) 1979. This means 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 Access NI Enhanced Disclosure Check (EDC) if you are considered to be the preferred candidate and are offered the voluntary position. The EDC will tell us if you have a criminal record or if your name has been included on the Children's Barred List 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 EDC 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.

Declaration of Criminal Convictions, Cautions and Bind-Over Orders

In Confidence

| | |
|--|---------------|
| Do you have any prosecutions pending? (if yes please give details) | Yes/No |
| | |
| | |
| | |

| | |
|---|---------------|
| Have you ever been convicted at a court or cautioned by the police for 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. | |
| | |
| | |
| | |

| |
|---|
| Declaration of Abuse Investigation(s) |
| Have you ever been the subject of an Adult or Child Abuse investigation which alleged that you were the perpetrator of any adult or child abuse? |
| Yes/No |
| If yes, please list full details including the name of police unit or HSC Trust involved in the investigation. If possible please provide the approximate date/s. |
| |
| |

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 and I consent to the Enhanced Disclosure Check being made, and I agree to inquiries relevant to this declaration.

Signature: _____ Date: _____

Print Name: _____

Any surname previously known by: _____

Position applied for: _____

Steps to Volunteering Guidelines

Stage 1
Application

INFORMATION PACK



APPLICATION
FORM



INFORMAL
INTERVIEW



ACCESS NI CHECK
IF REQUIRED



REFERENCES
REQUESTED



OFFER OF PLACE



ROLE TRIALS IF
REQUIRED



INDUCTION &
TRAINING

Stage 3
Starting your
role

TRIAL PERIOD



REVIEW MEETING