# 

# 

|  |
| --- |
| **Brain Injury Matters**  **Volunteer Application Form**  *(All information given will be treated in the strictest confidence)* |

|  |  |
| --- | --- |
| Fundraising | Bank/Event Volunteer |
| Pedal Power (Fridays) | Adult Wellbeing Programme  (Tuesdays, Wednesdays and Thursdays) |
| **(Circle interested roles above)** | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Title:** | **Forename:** | **Surname:** | **D.O.B.** |
| **Address:** | | **Contact Numbers**  **Home:**  **Mobile:** | |
| **E-Mail Address:** | | | |
| Please tick if you are happy to receive our e-newsletter □ | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Availability *Please indicate on which days you would be available to volunteer* | | | | |
| Day | Times | | | |
| Monday | Morning |  | Afternoon |  |
| Tuesday | Morning |  | Afternoon |  |
| Wednesday | Morning |  | Afternoon |  |
| Thursday | Morning |  | Afternoon |  |
| Friday | Morning |  | Afternoon |  |
| Saturday | Morning |  | Afternoon |  |

|  |
| --- |
| **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.* |

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

|  |
| --- |
| **Education and Employment Experience**  *Please outline your education history to date and 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 and Consent**

Brain Injury Matters is committed to safeguarding children and adults at risk 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 applied for a position that is eligible for an Enhanced Disclosure Check under the Safeguarding Vulnerable Groups (NI Order) 1979. This means that you must tell us about all offences and convictions, including those considered “spent”, which are not protected. 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 offer the voluntary position. The EDC will tell us if you have a criminal record history (and, if the post is regulated activity, or if your name has been included in a Barred List). It is to make sure those individuals who are considered a risk to children and adults 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 Access NI 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*

|  |
| --- |
| **Are you included in the Adult’s Barred List? Yes/No**  (if yes please give details) |
|  |
|  |
|  |

|  |
| --- |
| **Do you have any cases pending? Yes/No**  (If yes please give details) |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Do you have any convictions, cautions, informed warnings, diversionary youth conference or bind-over orders that are not subject to “filtering” (as defined by the Rehabilitation of Offenders (Exceptions) Order (NI) 1979, as amended in 2014)?**    **Yes No**  If yes, please provide details below, giving 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. |
|  |
|  |

|  |
| --- |
| **Have you ever been the subject of an Adult of Child Abuse investigation which alleged that you were the perpetrator?**  **Yes No**  If yes, please list full details below, including the name of the police unit or HSC Trust involved in the investigation. If possible please provide approximate dates. |
|  |
|  |

**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 appropriate AccessNI Check being made, and I agree to enquiries relevant to this declaration.

Signature: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any surname previously known by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position applied for:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note:**

All information received will be dealt with in confidence, consistent with our commitment to safeguarding children and adults at risk.

**Steps to Volunteering Guidelines**

Stage 1

Application

ROLE DESCRIPTION

APPLICATION FORM

INDUCTION & TRAINING

TRIAL PERIOD

Stage 3

Starting your role

ROLE TRIALS IF REQUIRED

OFFER OF PLACE

REFERENCES REQUESTED

ACCESS NI CHECK IF REQUIRED

INFORMAL INTERVIEW

Stage 2

Selection/ Matching

REVIEW MEETING