**V2 Volunteer / Work Placement Recruitment Form**

**Appendix 1**

1. Name:

2. Address:

Postcode:

3. Date of Birth:

4. Contact No:

5. COVID Vaccination Status (vaccines are recommended but not required):

1st vaccine completed Y / N

2nd vaccine completed Y / N

Date completed:

6. Please give the names of two people (to whom you are not related) we can contact to provide a reference on your character and suitability to undertake voluntary work with vulnerable adults.

**a)**

Name:

Address:

Tel No:

**b)**

Name:

Address:

Tel No:

7. Please disclose whether you have been convicted of any criminal offence, received a conviction, or been cautioned on any offence – yes  / no

If YES please give details

You will be asked to supply information for an Enhanced Criminal Records Bureau check if you are 18 years or older.

8. Are you in good physical health Yes  / No

1. Do you suffer from any illnesses / disabilities or clinically vulnerable, which may affect your work as a volunteer? Yes  / No

10. Please give information to support your application to work as a volunteer?

(Interests, work & life experience, hobbies etc)

1. If you are successful, you will be required to adhere to all relevant policies and procedures of The Council and Care Services and behave in a professional and dignified manner at all times

The information given above is, to the best of my knowledge true.

Signed……………………………………………………………….Date…………….

All information supplied on this form and provided by referees and DBS will be treated in confidence.