**CONFIDENTIAL**

**APPLICATION FORM**

VOLUNTEER BEFRIENDER

Please complete this form accurately and in full

PLEASE RETURN THIS FORM TO:

**Emma Myers**

**emma@tourettes-action.org.uk**

**1. Personal Details**

|  |  |
| --- | --- |
| Title: | First name: |
| Surname: |
| Previous Surname: |
| Address: |
| Home telephone Number: |
| Mobile Phone Number: |
| Date Of Birth: Age: | Gender: |
| Email address: |
| When would you be able to volunteer: (Please tick boxes below) |
|  | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
| AM |  |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |  |
| EVE |  |  |  |  |  |  |  |

**2. Experience**

|  |
| --- |
| This section is an opportunity for you to provide details about any experience, interests, hobbies, knowledge, skills, personal qualities and motivation which are relevant to the role of befriender as set out in the role description. Please also provide details of your education and employment status. Please continue on separate sheet if necessary. |
|  |
| Do you drive: | Do you have a car: | Do you have car insurance: |

**3. References**

Please supply the names and addresses of two people who will provide references (not relatives). One of whom is a professional person (i.e. employer, tutor, minister, doctor) Also state how long you have known this person.

|  |  |
| --- | --- |
| **Name:****Address:****Telephone:****Email address:****Relationship to you:****How long have you known this person:** | **Name:****Address:****Telephone:****Email address:****Relationship to you:****How long have you known this person:** |

**4. Declaration**

|  |
| --- |
| In accordance with the Police Act 1997 and Safeguarding Vulnerable Groups Act 2006 the role you are applying for is subject to an ‘enhanced criminal records check’ based on disclosure and barring scheme. OSCAR is also committed to safeguarding the welfare of our service users and expect all volunteers, staff, mentors and befrienders to share that commitment. Therefore you will be required to undertake a DBS check as part of this recruitment. You are also required by the Rehabilitation of Offenders Act 1974 to declare all criminal convictions including those spent. (Having a conviction will not necessarily prevent you from becoming a mentor or befriender. Do you have any spent/unspent convictions? YES/NO |

|  |
| --- |
| The personal information you provide on this application form will be used by Tourettes Action for the recruitment, vetting and matching of befrienders and befriendees purpose only. Some of this information, such as health, ethnicity, disabilities and criminal convictions, is defined as ‘sensitive’ under Data Protection legislation and by submitting this application you are consenting to our processing this for the purposes listed above |

I certify that the information I have given on this form is true and accurate to the best of my knowledge. (Providing false information or deliberately omitting relevant information will result in your application being withdrawn)

I also understand that should I become a befriender I will not divulge any information I receive which may be confidential and I will contact the befriendee or Emma Myers if I cannot keep an appointment.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_