

## KASBAH Volunteer's Application Form

Rehabilitation of Offenders Act 1974 (Exceptions Order) 1975: The Rehabilitation of Offenders Act gives individuals the right not to disclose details of 'spent/filtered' offences if asked about their criminal record. However, for certain excepted professions, offices and employments, ex-offenders have to disclose information about spent/Filtered, as well as unspent convictions such as in the case of working at KASBAH in any capacity, any spent/Filtered/unspent **must be disclosed** on the attached Rehabilitation of Offenders declaration form

Voluntary position :.....  
(DIAL/Charity Shop/Office/Homes)

### Personal details:

Surname:..... Forenames:.....

Address:.....

.....

Postcode: ..... Telephone/mobile:.....

Email address:.....

Availability: Monday / Tuesday / Wednesday / Thursday / Friday /  
Saturday / Sunday

Hours: .....

Are you currently in employment? Yes / No

### Present or Past Experience:

Title:..... Company:.....

Contact name & Address:.....

.....  
Email address:.....

Are you able to drive? Yes / No

Are you a car owner? Yes / No

Would you consider yourself to be in good health? Yes / No

Are there any health conditions you would like us to be aware of (asthma/diabetes/poor mobility etc)?

.....  
Have you had a DBS check in the last 12 months? Yes / No

**Referees:**

Name:	Name:
Position:	Position:
Email address:	Email address:
Telephone number:	Telephone number:

**Declaration:**

**Disclosure and Barring Service (DBS) check**

Your employment is conditional upon a satisfactory DBS check being carried out before commencing employment.

**Safeguarding of Vulnerable Adults – KASBAH Adults at Risk Policy (see attached).**

I fully understand my responsibilities toward that of Health & Social Care, service user safeguarding and duty of care.

**Holding your personal data**

Please note that this application and relevant forms that form part of the recruitment pack will be kept on file (if you are not successful for this role at this time). If you prefer **we do not keep your details** for future suitable vacancies, please tick the **opt out box and your form will be**

**destroyed.** If you have not ticked this box, we shall retain your information for one year from the date below or the date it was received to the office.

**Tick the below Opt out box if you wish for your details to be destroyed if your application is not successful on this occasion:**

**Declaration:**

I confirm that the information provided on this application form is true and correct and that the information may be used for registration purposes under the Data Protection Act 1998.

I understand that deliberately giving false or incomplete answers, would disqualify me from consideration or, in the event of my appointment, make me liable to dismissal.

Signature: .....

Name in print: .....

Date: .....

**Emergency/next of kin details in the case of an emergency whilst on site:**

Name of contact:.....Relationship to you:.....

Telephone number: .....Mobile no:.....

Address:.....

.....

## Rehabilitation of offenders declaration

### Disclosure of: criminal convictions, cautions or bind-overs-

Candidates are required to disclose details of all criminal convictions, cautions or bind-over orders that are not spent. You must disclose all such matters but you can be assured that only those deemed relevant to the appointment, will be considered.

Please complete the following declaration as appropriate, returning it along with your application form.

Failure to complete this form, or to disclose any convictions, cautions or bind-overs, may result in an offer of appointment being withdrawn, or dismissal following appointment.

This information will be treated with the utmost confidence.

- a) I declare that I have no criminal convictions, cautions or bind-over orders to disclose.

Name.....

Signature.....

Date.....

- b) I declare below the details of convictions, cautions or bind-over orders as follows:

Date of offence	Nature of offence	Outcome

Name.....

Signature.....Date.....



## **Volunteer Confidentiality Agreement**

I understand that by signing this agreement, I must not disclose any confidential information to anyone outside the organisation at any time, unless such disclosure is authorised by the Chief Executive Officer or Board of Directors. KASBAH would view any breaches of confidentiality as extremely serious and would consider it to be gross misconduct and the person who did it could be liable.

**I have read and accept the above as constituting my terms and conditions as a KASBAH Volunteer**

**Signed:**.....

**Date:**.....

**Printed Name** .....

**Any persons working at KASBAH as a Volunteer, Board Member, member of staff or third party contracted by KASBAH has/or is expected to sign the above agreement as soon as deemed relevant.**