**GROUP SUPPORTER APPLICATION FORM**

 **EXPLANATORY NOTES**

1. Filling in and returning this form does not commit you to becoming one of our volunteers. All the information you give will be treated as confidential.
2. We need this information because we have to establish your suitability and this is why we ask for references, and your agreement to Disclosure and Barring Service (DBS) and Children’s Services checks.
3. After we have obtained the References we will arrange a Briefing so you can learn more about the Project and how it operates. This is usually provided on a one to one basis, or to a Group, and will take about 2 hours.

We will help you complete the Disclosure Application Form for obtaining your DBS and Children’s Services checks.

Please add any comments that you think may support your application:-

PLEASE COMPLETE THE APPLICATION FORM ON THE REVERSE OF THIS SHEET

When completed please return this form to:-

Karen Hoy – Project Administrator

Friendship Project

C/O Simon & Dean Ltd

Brickyard Lane

Studley. B80 7EE

Telephone: 0845 838 2098

karen.hoy@friendshipproject.co.uk

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|  GROUP SUPPORTER APPLICATION FORM GS Application Form – 23 4 20 |
| **PLEASE NOTE** Before completing this form you should ensure that you have the name, address (including post code), telephone number and the consent of two character references.  You will also need the number and issue date of any existing DBS Disclosure and Barring Service certificate that you have.  If you have more than one existing DBS please quote the latest one.  Do not worry if you do not have a DBS as we will apply for one on your behalf after examining the relevant paperwork with you.  Once you have submitted this form and we have taken up your references you will receive a phone call from a DBS Briefing Officer to arrange an interview and complete your new DBS application at your home.  In the meantime it is suggested that you read the various information contained on our website [www.friendshipproject.co.uk](http://www.friendshipproject.co.uk) to familiarise yourself with the Project. Thanks for deciding to volunteer. I am sure it will be a rewarding experience. |
| **YOUR CONTACT DETAILS** | **YOUR PERSONAL DETAILS** |
| Title (Mr, Mrs, Miss, Ms) |  | Ethnicity  |  |
| Initials |  |
| Forename (s) |  | Date of Birth |  |
| Surname |  | Male or Female |  |
| Address |  | Marital Status |  |
| Town |  | Have you any children under 18? |  |
| Postal Code |  | Have you the use of a car? |  |
| Telephone |  | Police convictions(Have you ever had any even if spent?) |  |
| Mobile |  |
| Email |  | Have you ever volunteered for anyone else? Please list.Are you happy for us to contact them for a reference? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Emergency contact details  | Name:Relationship to you:Telephone: |
| Where did you hear about us? |  |
| Please explain below in a few words why you would like to work for the Project. You may make more comments over the page. | Your leisure or other interests that might interest a child |  |
|  |
| Your present occupation |  |
| Your qualifications |  |
| ***DBS – PLEASE READ THIS CAREFULLY****The details that are collected here are needed so that we can process your application.  As you will appreciate as our project involves working with children we must take the utmost care with our selection of volunteers.  Do you agree that we can make a check on DBS to satisfy Government and other regulations?* | If you already hold a DBS that is less than 3 years old please insert the details below |
| DBS Number |  |
| DBS Issue Date |  |
| By whom issued |  |
| DO YOU AGREE? (YES or NO) |  |

|  |
| --- |
| **CHARACTER REFERENCES** |

|  |
| --- |
| *Please note that referees must not be related to the applicant and must have known the applicant for at least one year.* |
| **First Reference** | **Second Reference** |
| Title |  | Title |  |
| Initials |  | Initials |  |
| Forename |  | Forename |  |
| Surname |  | Surname |  |
| Address |  | Address |  |
| Town |  | Town |  |
| Postal Code |  | Postal Code |  |
| Telephone |  | Telephone |  |
| Email |  | Email |  |
| In what capacity? |  | In what capacity? |  |
| For how long? |  | For how long? |  |
| **Please check carefully everything entered above and then confirm by signing opposite.** | **Signed****Date** |

**Privacy Notice**

**How your information will be used**

The Friendship Project for Children will not share your personal information with any external organisations or companies, other than specifically in relation to the volunteer or child within the matching process where it will be necessary to interface with the referring professional of the Younger Friend. The latter, we may also share with statutory bodies who are authorised to request this information. Additionally, in the event of any case studies being used these will be appropriately anonymised. We will retain the volunteer and child information in secure storage and on our secure database for up to 50 years, as required historically by our insurers.

For further information on how your information is used, how we maintain the security of your information and your rights to access information we hold on you, please contact our Project Administrator on 07516 527714 or karen.hoy@friendshipproject.co.uk

**Communication**

We will communicate with you by email, post and telephone as is necessary.

**Declaration**

By signing this form you confirm that you understand and agree to our Privacy Notice. You are also opting in to get information from us.

Signed……………………………………………………………………

Date………………………………………………………………………