

**ESCAL Volunteer Application Form**

**About you…**

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| --- | --- |
| **Full name (including middle name(s):** | Click here to enter text.  |
| **Any previous surnames:** | Click here to enter text.  |
| **Preferred title (please cross):** | Mr[ ]  Mrs[ ]  Ms[ ]  Miss[ ]  Dr[ ]  Other[ ]  If other, please state: Click here to enter text. |
| **Date of Birth** | Click here to enter text. |
| **Your contact telephone number:** | Click here to enter text. |
| **Your e-mail address:** | Click here to enter text. |
| **Your address:** | Address 1: Click here to enter text.Address 2: Click here to enter text.City: Click here to enter text.Post code: Click here to enter text. |

Which area of Sheffield would you like to volunteer in? E.g. S5 Click here to enter text.

Tell us a little about your background (include any relevant experience you may have to support a Child Looked After and why you would like to volunteer with us):

|  |
| --- |
| Click here to enter text. |

**Your emergency contacts…**

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**Your emergency contacts…**

Please supply details of two individuals in case of emergency, ensuring you have obtained their permission. These details may be passed on to your allocated school if required. Please note – these details will only be used if absolutely necessary.

|  |  |
| --- | --- |
| **Emergency Contact 1**Telephone: Click here to enter text.E-mail: Click here to enter text.Address 1: Click here to enter text.Address 2: Click here to enter text.City: Click here to enter text.Post code: Click here to enter text.  | **Emergency Contact 2**Telephone: Click here to enter text.E-mail: Click here to enter text.Address 1: Click here to enter text.Address 2: Click here to enter text.City: Click here to enter text.Post code: Click here to enter text.  |



**Your referee…**

Please supply details of one referee – this individual can be a professional, academic or individual you have known for a minimum of two years. However, this **does not** include family members. ESCAL Volunteering will contact your referee after attendance at the ESCAL Volunteer training session (whilst waiting for disclosure of your DBS application).

|  |  |
| --- | --- |
| **Name:** | Click here to enter text. |
| **Position:** | Click here to enter text. |
| **E-mail address:** | Click here to enter text. |
| **Telephone:** | Click here to enter text. |
| **Postal Address:** | Address 1: Click here to enter text.Address 2: Click here to enter text.City: Click here to enter text.Post code: Click here to enter text.  |

**For your information – Training and your DBS check…**

ESCAL Volunteering will contact you upon receipt of your application form, with instructions on how to complete your DBS application online. You will then be requested to have an ID check with the team during your training.

ESCAL Volunteering will contact you with a range of training dates upon receipt of your completed application form. You **MUST** attend training and have a valid ‘ESCAL Volunteer’ DBS disclosure before you start your volunteering.

**Your agreement…**

|  |  |
| --- | --- |
| You will allow an enhanced level DBS check to be carried out and wait to receive your disclosure before volunteering in a school. (See criminal records declaration for additional information)  | Yes [ ]  No [ ]  |
| You will commit to completing a 10 week programme of volunteering informing ESCAL Volunteering and school if you decide to stop | Yes [ ]  No [ ]  |
| If we are unable to meet your preferred geographical area of the city, you are willing and able to travel (please note that travel expenses cannot be provided) | Yes [ ]  No [ ]  |
| In line with the General Data Protection Regulation (GDPR), you consent to your personal details being stored and managed by ESCAL Volunteering (see our private policy for more information) | Yes [ ]  No [ ]  |

We often have requests to support students with English as an additional language. If this is something you could help with, please note other languages: Click here to enter text.

**Your signature:** Click here to enter text. **Date:** Click here to enter text.



**Sheffield City Council monitoring…**

We want to make sure that our services are provided fairly and to those who need them. The information collected helps us get a picture of who contacts us, uses or does not access our services so will help us improve what we provide and reduce potential barriers to access.

The information given on this sheet will not be used to make decisions about who becomes an ESCAL Volunteer. The form will not be seen by schools. It will be stored securely by the project team, who will use the information to improve equality in recruitment and overall service delivery.

**Which best describes your racial or cultural origins?..**

|  |  |  |  |
| --- | --- | --- | --- |
| **White:**English/Welsh/Scottish/British/Northern Irish IrishGypsy / Irish TravellerRomaOther European: Please stateAny other white background: Click here to enter text. | [ ] [ ] [ ] [ ]  | **Asian or Asian British:**IndianPakistaniBangladeshiChineseAny other Asian background: Click here to enter text. | [ ] [ ] [ ] [ ] [ ] [ ]  |
| **Mixed / Dual Heritage:**White and Black CaribbeanWhite and AsianWhite and Black AfricanAny other mixed background: Click here to enter text. | [ ] [ ] [ ] [ ]  | **Black or Black British:**CaribbeanSomaliOther African background: Click here to enter text.Any other black background: Click here to enter text. |
| **Other ethnic groups:**YemeniOther Arab: Click here to enter text.Other ethnic group: Click here to enter text. |

**Faith / Religion…**



|  |  |
| --- | --- |
| Athiest / None |[ ]  Christianity |[ ]
| Baha’i |[ ]  Islam |[ ]
| Buddhism |[ ]  Judaism |[ ]
| Hinduism |[ ]  Sikhism |[ ]
| Humanism |[ ]  Other | Click here to enter text. |

**Disability…**

Do you consider yourself to be disabled?

Yes [ ]  No [ ]

The Equality Act 2010 defines a disabled person as having a ‘physical or mental impairment that has a substantial and long-term affect on his or her ability to carry out normal day-to-day activities’.

**If you have answered ‘yes’**, please tick the box(es) below that best describe your impairment. This information helps us improve access and remove barriers to our services.

|  |  |
| --- | --- |
| Hearing, e.g. profound to mild deafness |[ ]  Learning, e.g. Downs syndrome |[ ]
| Communication, e.g. speech |[ ]  Developmental, e.g. Dyslexia |[ ]
| Visual, e.g. blind or partial sighted |[ ]  Impaired memory / concentration or ability to understand, e.g. Stroke, dementia, head-injury |[ ]
| Mobility or physical, e.g. walking, dexterity |[ ]  Mental ill health, e.g. Bi polar disorders, schizophrenia, depression |[ ]
| Long-term illness or health condition e.g. Cancer, HIV, diabetes, chronic heart disease, Rheumatoid arthritis, chronic asthma |[ ]  Other: Click here to enter text. |  |

|  |  |
| --- | --- |
| **Gender:** | Male [ ]  Female [ ]  Other [ ]  If other, please state: Click here to enter text. |
| **Gender identity:** | Is you gender identity the same as the gender you were assigned at birth? Yes [ ]  No [ ]  |

**Residency…**

Are you a British / United Kingdom citizen?: Yes [ ]  No [ ]

Are you a national of another country?: EU National [ ]  Refugee [ ]  Asylum Seeker [ ]  Other [ ]  If other, please state: Click here to enter text.

**How did you find out about this volunteering opportunity?..**

Please state: Click here to enter text.

**Dismissal**

Other than for reasons for redundancy or on health grounds, have you ever been dismissed from employment from any employer, including employment agencies?

Yes [ ]  No [ ]

If ‘yes’ please give details, stating from where, when and the reasons for the dismissal: Click here to enter text.

**Information Security and Data Security Declaration…**

I acknowledge that as part of my volunteering commitment, I will have access to confidential and other non-public information in the care of the City Council. I know that I may not disclose or use that information without the prior agreement of the City Council. Where I have access to City Council Information Technology, I will only use it in accordance with my manager’s instructions and City Council policies and procedures. I understand that if I disclose or use information improperly I may be subject to legal proceedings (criminal or civil) as well as losing my volunteering opportunity and prejudicing future employment opportunities.

**Name:** Click here to enter text.

**Your Signature:** Click here to enter text.

**Date:** Click here to enter text.

**Declaration…**

I understand that any offer of a volunteer position will be subject to the information on this application form being complete and correct. I authorise Sheffield City Council to make any appropriate checks that may be necessary in relation to the role I have applied for. False information, or a failure to supply the details required in this application form, could make an offer of a volunteer position invalid or lead to termination of the volunteer position.

I agree that during the course of my volunteering with Sheffield City Council, and at all times thereafter, I will keep confidential any information, however obtained, concerning the business, trade secrets, personnel, supporters or beneficiaries of Sheffield City Council or of any of its subsidiary or associated companies, and I will not disclose any such information to any other party without Sheffield City Council’s prior written consent. Furthermore, I agree that I will not use any such information for my own purposes or for the purposes of any third party.

Upon termination of my volunteering (for whatever reason) I agree that I will surrender to Sheffield City Council all documents, copy documents, notes and other memoranda in my possession relating to Sheffield City Council, or any other associated individual, organisation or company.

I agree to abide by Sheffield City Council’s policies as applicable to volunteers.

I agree that personal data relating to me, which has been or is obtained by Sheffield City Council, including personal data given by me on this form, may be held and processed either on computer or in manual records. It may be disclosed to authorised employees of Sheffield City Council, and used by Sheffield City Council for any purpose relating to my application.

By submitting this application form, I give my permission to the storage and processing of my sensitive personal information by Sheffield City Council.

**Your Signature:** Click here to enter text. **Date:** Click here to enter text.

***Please note: If you are completing this form electronically, please type your name to indicate signature***

**Criminal Records Declaration Form…**

This form must be completed by all applicants; if you do not complete it we cannot process your application. The information disclosed on this form will be used for recruitment purposes only. Successful applicant information will be retained as part of the employee record.

You have rights under Data Protection law. For further details about your rights, the contact details of our Data Protection Officer and your right to make a complaint please see our Data Protection web page: [https://www.sheffield.gov.uk/privacy](https://www.sheffield.gov.uk/content/sheffield/home/your-city-council/data-protection.html)

Policy Statement: recruiting applicants with criminal records

This post is exempt from the Rehabilitation of Offenders Act 1974 and therefore applicants are required to declare any cautions, convictions, reprimands, final warnings, binding over or other orders, pending prosecutions or criminal investigations that are not protected (i.e. that are not filtered out) as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013).

For further information on filtering please refer to [Nacro guidance](http://www.nacro.org.uk/data/files/disclosing-criminal-records-a-nacro-guide-1027.pdf) and the [DBS website](https://www.gov.uk/government/publications/dbs-filtering-guidance).

We recognise the contribution that ex-offenders can make as employees and volunteers and welcome applications from them. A person’s criminal record will not, in itself, debar that person from being appointed to this post. Any information given will be treated in the strictest confidence. Suitable applicants will not be refused posts because of offences which are not relevant to, and do not place them at or make them a risk in, the role for which they are applying.

All cases will be examined on an individual basis and will take the following into consideration:

* + - * Whether the conviction is relevant to the position applied for.
			* The seriousness of any offence revealed.
			* The age of the applicant at the time of the offence(s).
			* The length of time since the offence(s) occurred.
			* Whether the applicant has a pattern of offending behaviour.
			* The circumstances surrounding the offence(s), and the explanation(s) offered by the person concerned.
			* Whether the applicant’s circumstances have changed since the offending behaviour.

It is important that applicants understand that failure to disclose all cautions, convictions, reprimands or final warnings that are not protected could result in disciplinary proceedings or dismissal. Further advice and guidance on disclosing a criminal record can be obtained from [Nacro](http://www.nacro.org.uk/data/files/practical-guidance-on-dbs-filtering-1032.pdf).

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** | Click here to enter text. | **Forename:** | Click here to enter text. |

1. **Are you barred from working with children?**

Yes [ ]  No [ ]

If you have answered yes to the above, you are not eligible to work with children.

1. **Are you barred from working with vulnerable adults?**

Yes [ ]  No [ ]

If you have answered yes to the above, you are not eligible to work with vulnerable adults.

1. **Do you have any cautions, convictions, reprimands, final warnings, binding over or other orders, pending prosecutions or criminal investigations which are not protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?**

Yes [ ]  No [ ]

If you have answered no to the above, please sign and return your form.

If you have answered yes to question three, you now have **two** options on how to disclose your criminal record.

**Option 1:** Please provide details of your criminal record in the space below and email with your application form. This form will be securely saved and will only be made available to the recruiting manager.

|  |
| --- |
| Click here to enter text. |

**Option 2:** You can disclose your record under a separate cover provided that you tick the below box and attach the details in an envelope stapled to a copy of this form. The envelope should be marked: **CONFIDENTIAL** **(Your name),** **ESCAL Volunteering** and sent to the below postal address.

**I have attached details of my conviction separately:** [ ]

**DECLARATION**

I declare that the information provided on this form is correct. I understand that the declaration of a criminal record will not necessarily prevent me from being offered this role at Sheffield City Council:

**Your Signature:** Click here to enter text. **Date:** Click here to enter text.

Please return your application form (with criminal records declaration form) to ESCAL Volunteering.

**E-mail:** escalvolunteering@sheffield.gov.uk

**Post:** ESCAL Volunteering, Sheffield Virtual School

 Floor 4, North Wing

 Sheffield, S1 4PL