

Volunteer Application Form



THE BUCHAN SCHOOL



KING WILLIAM'S COLLEGE

General Information

Voluntary Position Applying For	
Location	King William's College / The Buchan School

Personal Information

Full Name			
Address			
Post Code		Email Address	
Contact Phone		Date of Birth	
Are you an Isle of Man Worker		Do you require a Work Permit	
Do you hold a clean Driving License		UK / IOM / other	

Availability

Weekday / mornings:	<input type="checkbox"/>
Weekday / Afternoons:	<input type="checkbox"/>
Weekday/ Evenings:	<input type="checkbox"/>
Weekend Evenings:	<input type="checkbox"/>
Weekend Evenings:	<input type="checkbox"/>
Weekend Evenings:	<input type="checkbox"/>

Specialist Skills and Qualifications

Summarise special skills and qualifications you have acquired through previous employment or volunteer work or through other hobbies or sports

Previous Volunteer Experience

Summarise your previous volunteer experience.

Rehabilitation of Offenders Act

Because of the nature of the work for which you are applying, the post is exempt from the provisions of the Rehabilitation of Offenders Act 2001. Applicants are therefore not entitled to withhold information about any convictions which for other purposes are 'spent' under the provision of the Act. In the event of employment, any failure to disclose such convictions could result in disciplinary action or immediate dismissal.

Any information given will be completely confidential

Have you had any cautions, convictions, warnings or reprimands?

If YES, please provide full details (court, offence, judgement and date)

You are required to declare if you are currently the subject of any investigation or proceedings by any regulatory body relating to education professionals, including such bodies in another country.

Are you currently the subject of any investigation or proceedings?

If YES please provide details

You must also disclose if you have ever been disqualified from the practice of a profession or required to practice it subject to specified limitations following fitness to practice proceedings by a regulatory body in the UK or in another country.

Have you ever been disqualified from the practice of a profession or required to practice it subject to specified limitations ?

If YES, please provide full details

Are you currently the subject of any police investigation in the UK or any other country?

If YES, please provide full details

Please state whether you have previously been dismissed from any employment, office or other position by a reason of misconduct.

Have you previously been dismissed by a reason of misconduct?

If YES, please provide full details

Health

Do you have any disability (or physical or mental impairments) which may affect your ability to fulfill the requirements of the post?

If YES , please provide brief details.

Are there any adjustments that may be required to be made should you be invited for interview?

If YES, please provide full details.

Are you receiving any medical treatment at present or taking any medication which may adversely affect your ability to work in this post?

If YES, please provide full details

Are you in receipt of an ill health retirement pension?

Data Protection Statement

Please include any courses, memberships of professional organisations, voluntary work or responsibilities you consider relevant to this position.

The information you provide on this form, and that obtained from other relevant sources, will be used to process your application for employment. The personal information that you give us will also be used in a confidential manner to help us monitor our recruitment process.

If you succeed in your application and take up employment with us, the information will be used in the administration of your employment with us. We may also use the information if there is a complaint or legal challenge relevant to this recruitment process.

We may check the information collected with third parties or with other information held by us. We may also use, or pass to certain third parties, information to prevent or detect crime, to protect public funds, or in other ways as permitted by law.

By signing the application form we will be assuming that you agree to the processing of sensitive personal data, (as described above), in accordance with our registration with the Data Protection Registrar.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)

Signature

Date