

REFERENCES

Please give the names and addresses of two people who can provide an assessment of your suitability for this volunteer placement.

Name	Name
Position	Position
Organisation	Organisation
Address	Address
Telephone	Telephone
Email	Email

REHABILITATION OF OFFENDERS ACT

Our volunteer roles are exempt from the requirements of the Rehabilitation of Offenders Act 1974 because it involves working with vulnerable people. This means that you are obliged to disclose the details of any offence that resulted in a criminal conviction, even if it was a long time ago. If this applies to you, please tick as appropriate and please enclose in a sealed envelope marked 'CONFIDENTIAL' the details of the offence, date, sentence and any comments you wish to make. If not appointed the envelope will be returned.

Do you have any convictions? Yes No

If you have ticked yes, having a conviction will not necessarily stop you from volunteering but will need to be taken into consideration when assessing your suitability.

DECLARATION

I hereby declare that the information I have provided is accurate:
I give permission for Blackfriars Settlement to carry out criminal record checks at enhanced level with Charity Backrooms Disclosures Ltd. I understand that my National Insurance number may be required for identification purposes.
I know of no reason why I would be unsuitable to be a volunteer.
I understand that Blackfriars may hold personal information about me in records and on their computer, including sensitive information such as age, race, sex and disabilities that they will use for their monitoring purposes. I agree to them holding this information and understand that it may be shared with Mary Ward Centre for Quality Assurance purposes.
By signing this form you confirm you have read and understood the contents of this Privacy Notice and Consent Statement and consent to us processing your personal information in accordance with this Privacy Notice. You may withdraw your consent at any time by using the contact details on this form.
I understand that I may ask to see my records at any time.

Signed: _____

Date: _____

When completed please return to:

e: csvd@blackfriars-settlement.org.uk
t: 0207 928-9521
Blackfriars Settlement
1 Rushworth Street
SE1 0RB