C.A.V.R.A.

Civil Aid Voluntary Rescue Association (CAVRA)

**Application for Membership.**

(In Confidence)

# Personal Details.

* 1. **Full Name:**

1.1(a) Any Previous Names used:

1.1(b) Dates From/To:

* 1. **Address:**

(N.B. Must have complete addresses for last 5 years)

* 1. **Postcode:**
	2. **Telephone Number (Home):**
	3. **Telephone Number (Work):**
	4. **Telephone Number (Mobile):**
	5. **E-Mail Address:**
	6. **Date of Birth: 1.9 Age: 1.10 Place: (Absolute Minimum age is 18, preferably over 25)**

1.11 Occupation: 1.12 N.I. Number :

1.13 Next of Kin: 1.14 Relationship to Member:

1.15 Contact Details :

1.16 Any other relevant information:

#  Other Details.

* 1. **Do you hold a full Driving Licence? (Essential)**

(If so, please attach a photocopy)

* 1. **If Yes, for which Groups:**
	2. **Driving Licence Number 2.4 Expiry Date:**
	3. **Do you have any Endorsements and/or Points?**
	4. **Do you have any specialist driving skills?**

(e.g. HGV, PCV, Police Driver etc)

* 1. **Have you ever been convicted of any Criminal Offence?**

(ALL post are subject to a Criminal Records Bureau check at the Enhanced level)

* 1. **Details of any Relevant Experience and qualifications:-**

(Please give as many details as possible)

* 1. **Do you hold a VALID First Aid Certificate?**

(If so, at what level, and what is the date of expiry.)

* 1. **Issuing Organisation: 2.11 Date of Expiry:**
	2. **Are you a serving member, or have you been a serving member of any other similar organisation?**

(e.g. Special Constable, Lifeboat, H.M.Coastguard, MRT etc.)

* 1. **If you have ever been a member of any of the above organisations please give full details.**

#  Medical Details.

You should be reasonably fit and generally in good health. Weigh 120 Kg or less.

Have a waist measurement of 110 cm or less.

ALL information will be treated in the Strictest Confidence.

* 1. **Have you ANY medical conditions, which we should be aware of?**

(e.g. Heart Conditions, Asthma, Allergies, Diabetes, Epilepsy etc.)

* 1. **What is your Blood group?**
	2. **Do you wish to make us aware of any other conditions that you may have?**

#  Miscellaneous.

* 1. **What Skills or Qualities could you offer the Association/**
	2. **Please give any other information that you feel may be useful.**
	3. **Vehicle Details.**

**Make** (e.g. Renault, Ford.) **Model** (e.g. Laguna, Escort.)

Colour Registration Number

* 1. **Please give the Names and Addresses of 2 independent referees, who must not be related, and people of standing in the Community.**

e.g. Minister of religion, Police Officer, Justice of the Peace etc.)

1) 2)

**CRB Checks:**

* 1. **For CRB and Validation purposes, Please provide photocopies of**

**TWO of the following documents.** (The originals may be required for viewing at a later date)

Valid UK Passport Valid UK Driving Licence

**Birth certificate Valid Photo Identity Card** (EU Countries

only)

UK Firearms Licence.

* 1. **Additionally, Please provide a photocopy of ONE of the following:-**

Marriage Certificate Valid TV Licence

Valid motor Insurance Certificate Valid Vehicle RegistrationDocument Certificate of British Nationality Valid NHS Card

**Examination Certificate** (e.g. GCSE, NVQ) **Connexions Card.**

* 1. **PLUS ONE of the following with your current Name and Address shown.**

(All no less than 3 Months old.)

Store Card Statement

Bank or Building Society Statement

**Utility Bill** (Gas, Electric or Telephone.) **Credit Card Statement Mail Order Catalogue Statement Addressed Payslip.**

Document from any Government or Local Authority Department

#  Declaration.

* 1. **I apply to become a member of CAVRA.**
	2. **I undertake to comply with the terms of membership, duties, conduct and discipline relating to membership of CAVRA.**
	3. **I undertake that whilst on duty and so long as I remain a member, to carry out directions of the Officers and their deputies.**
	4. **I accept that the first Twelve (12) Months of membership will be regarded as provisional and enrolment will not be confirmed unless this period is completed satisfactorily.**
	5. **I also agree to familiarise myself with the relevant Health & Safety instructions together with any future revisions that may apply.**
	6. **I shall advise my employer of my enrolment as a member of CAVRA, and of the resulting commitment to CAVRA.**
	7. **I am aware that all posts are the subject of a Criminal Records Bureau check.**
	8. **That the above information is true and correct, if it is subsequently found to be incorrect, I am aware that it may lead to disciplinary action and/or dismissal from the Association.**

Signed

Print Name Date

Revised 31/07/2023

When Completed, please return to CAVRA, 3, Keteringham Close, Sully, Penarth. Vale of Glamorgan. CF64 5JW.