

Confidential

If you have difficulty completing this form, please ask your Home-Start Co-ordinator for assistance.

Name		ID		
Address including postcode				
Home tel	ephone no		Mobile telephone no	
Email ado	dress			
Date of B	irth			
Emergen	cy Contact name and ph	ione no		
REFERENCES: Please give the name & address of 2 referees that you have known for a minimum of 2 years (not a relative), include at least 1 professional reference, (previous employer wherever possible; alternatively, school, college or other professional such as a religious leader or a volunteer supervisor) who may be contacted by Home-Start. Please ask permission prior to giving referee details and confirm full address with them				
Referee 1 Name:			Referee 2 Name:	
Address:			Address:	
Email: Telephor	ie:		Email: Telephone:	
Time kno	own this person:		Time known this pers	son:
In what capacity:		In what capacity:		

We would like to get a picture of your experience. (please tick all that apply)

Working Full Time	
Working Part Time	
Seeking Work	
Retired	
Student	
Not seeking work	
Volunteer for another org?	

Please give us details of any relevant employment or volunteering experience, starting with the most recent. (Attach an additional sheet if required)

Organisation name	Role title	From	То	Brief description of duties
		ĺ		
		ĺ		
		ĺ		
		ĺ		
		ĺ		
		ĺ		
		ĺ		
		ĺ		
		ĺ		
		ĺ		

Home-Start asks for a minimum commitment of 2 hours per week on a regular basis for at least one year

Please choose options to reflect your own parenting experience:				
Parent	Step-parent Foster carer	Other		
Please specify				
Please give dates of	f birth of children			
1) What did/do yoι	1) What did/do you find enjoyable about parenting/parenting experience?			
2) What did/do you find challenging?				
What are your interests?				
What Volunteering Opportunities are you interested in?				
Home-Visiting 🗋 Admin 🖾 Groupwork 🗐 Other 🗐				
(please state)				
all that apply)	Car owner Access to Car If using a car for volunteering, do you have a clean driving license?	On public Transport route Not on public transport route Other please specify		

Have you any skills or personal/work experiences **that you would like to tell us about** which may be relevant to your role as a volunteer for Home-Start? Please tick all applicable

Budgeting/finance/ benefits
Cooking
DIY
Committee work
Retailing
Languages, including sign
Listening/
counselling Child development
Other, please specify

Personal/Work Experiences		
Post natal depression/		
other mental health		
Domestic abuse		
Divorce/separation/lone		
parent		
Bereavement		
Counselling		
Disability		
Housing/homelessness		
Substance misuse		
Advocacy/advice		
Childcare		
Education		
Health		
Social care		
Other, please specify	1	

First language spoken:

Any additional languages spoken:

What are your reasons for volunteering for Home-Start? (please tick all that apply)

a)	To gain new skills/experiences in order to find employment	
b)	To gain new skills/experiences in order to change employment	
c)	To access training opportunities	
d)	For the opportunity to give something back	
e)	To be involved in the community	
f)	For the opportunity to work with children and families	
g)	Due to empathy with difficulties of family life	
h)	Received support as a Home-Start family yourself	
i)	Student placement	
j)	Other, please specify	

Is there any other information you would like to add?

As volunteers are in a privileged position visiting families in their own homes and have contact with young children, Home-Start has a responsibility to ensure that no one becomes a volunteer who would misuse this trust. Therefore, it is essential that you complete and sign this form.

For further information contact Disclosure Scotland at <u>www.disclosurescotland.co.uk/</u>

Name:		
Have you had any personal contact with Social Work Services in connection with children in your care? Have any of your children been place on a child protection register, subject of a supervision order, integrated/common assessment framework	Yes	No
Do you consider yourself to have a disability or health condition and if so what adjustments could Home-Start provide to enable you to volunteer?	Yes	No
Please provide detail, continue on separate sheet if required.		
Have you ever been dismissed from any paid or voluntary work?	Yes	No
Have you ever been arrested or had contact with the police for any type of criminal offence?	Yes	No
Are there any matters outstanding which may lead to a criminal prosecution?	Yes	No
If you answer yes to any question please give details:		
If you do not declare existing or spent cautions or convictions you may not b However, if you declare any of the above it may still be possible to become a		
I know of no reason why I would be unsuitable to be a Home-Start volunteer. I will report any changes in my circumstances which may affect my role [*]	Yes	No
* -1.:1.1/		

child/ren in care/criminal proceedings brought against me etc

I give permission for Home-Start Deeside to carry out PVG check at enhanced level. I understand that I will need to produce ID for identification purposes including address verification.

I understand that Home-Start may hold personal information about me in paper 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 Home-Start UK for Quality Assurance, evaluation and monitoring purposes.

I understand that I may ask to see my records at any time.

Signed: _____

Date: _____

As you will be joining the Protection of Vulnerable Groups scheme detail of any criminal convictions or cautions found will be passed onto to Home-Start Deeside, Alford & Strathdon. Therefore, it is important that you highlight any issue we need to be aware of on your application form.

If something is highlighted on your disclosure we will discuss this with you in confidence. Following the meeting a decision will be made whether we can proceed with your application.

If you have any concerns please discuss this further with Leah Bruce, Senior coordinator, Home-Start Deeside, Alford & Strathdon, 07741 554675

For Office use only			
Interview date			
Reference requested	1 (date)	2 (date)	
Reference received	1 (date)	2 (date)	
PVG requested	Date received	d No.	
Recruitment date		Prep course start date	
Prep course completed (date):			
Safeguarding & promoting welfare of children code of conduct signed(date):			
Info given, health & safety, personal safety(date):			