Volunteer Application: Referral Order Panel Member

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| **Personal Information** |
| Name |  |
| Address |  |
| Postcode |  |
| Tel No. |  |
| Mobile |  |
| Email |  |
| D.O.B |  |

If this is not your permanent address please provide additional details below.

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| --- | --- |
| Address |  |

Are you a parent/carer of a young person who is currently involved in the Youth Justice and/or Social Care System? **N.B: If so, you will not be suitable to progress with your until after their involvement has ended.**

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| **Availability** (Panels can take place anytime between Mon-Fri 9.00am–6.00pm)Sat 9.00am-12.00pm*Please circle ALL those that you expect you would be available for* |
| Monday AM | Tuesday AM | Wednesday AM | Thursday AM | Friday AM | Sat AM |
| Monday PM | Tuesday PM | Wednesday PM | Thursday AM | Friday PM |  |

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| **Training** (Training is likely to be for 4 full days, or over 8 half days) *Please circle ALL those that you would be available for, given sufficient notice* |
| Monday AM | Tuesday AM | Wednesday AM | Thursday AM | Friday AM | Sat AM |
| Monday PM | Tuesday PM | Wednesday PM | Thursday AM | Friday PM | Sat PM |
| **Preference for training** Please indicate whether you would prefer training to be delivered over full days (e.g. every Monday for 4 sessions) or over 8 half days (e.g. every Tuesday and Thursday PM for 8 sessions). Please circle ALL that apply |
| Full days on Mon-Fri | Full days on Sat | 8 half days Mon-Fri AM | 8 half days Mon-Fri PM |

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| **Current and Previous Employment** |
| Date (From/ To) | Company and Address | Position and Main Responsibilities |
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| **Supporting Statement –Please provide as much detail to further your application** |

Why are you interested in volunteering as a Referral Order Panel Member?

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What skills and qualities do you feel you possess that would be useful in this role?

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Do you have any previous voluntary experience and or/experience working with young people? (Please describe)

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How did you hear about this opportunity? (Please specify)

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| **Rehabilitation of Offenders Act (1974)** |

Not all previous offences preclude you from volunteering with us. However, this role is exempt from the Rehabilitation of Offenders Act (1974) – and all past offences will show up on the Disclosure and Barring Service (DBS) check that all applicants are subjected to. Any disclosures you make will be dealt with on an individual basis, with the Head of Service making the final decision. If your DBS comes back with any additional offences you have not disclosed, it is unlikely you will be able to volunteer with us.

Do you have any previous convictions that are “spent” or “unspent”?

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| If “Yes” please provide details of Offence, Date and Sentence, including details of any Cautions and Reprimands, even if they are “spent”. |
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| **Equality and Diversity Monitoring**  |
| **Gender**: Male/Female/Prefer not to say |
| Do you consider yourself to have a disability? If Yes please provide details: |

Racial/Ethnic Origin (please circle):

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| --- | --- | --- | --- | --- |
| A. White | B. Mixed/Dual Heritage | C. Asian or Asian British | D. Black or Black British | E. Chinese or Other Racial Group  |
| British  | White & Black Caribbean | Indian | Black Caribbean | Chinese |
| Irish | White & Black African | Pakistani | Black African  | Other Racial Group\* |
| White other\* | White & Asian | Bangladeshi | Black other\* |  |
|  | Mixed other\* | Asian other\* |  |  |

**\*If other please specify**

### References:

Please give the names and details of two referees who are not related to you.

(E.g. Employment/ Voluntary work/ Education related)

Name: Name:

Address: Address:

Tel: Tel:

Context known: Context known:

**Signed : Date:**

**Confidentiality and Disclosure**

You are advised that information given on this form may be checked for accuracy. Information regarding Equality and Diversity may be used for research, analysis and statistical purposes and/or used to meet our statutory obligations.