



Carers Trust Tyne and Wear Crossroads Carer Services  
 The Old School  
 Smailes Lane  
 Rowlands Gill  
 NE39 2DB  
 Tel: 01207 549 780  
 Web: [www.carerstrusttw.org.uk](http://www.carerstrusttw.org.uk)  
 Email: [info@carerstrusttw.org.uk](mailto:info@carerstrusttw.org.uk)

## Volunteer Application Form

### Personal details:

Full Name:						
Permanent address:				Term time address: (if applicable)		
Postcode:			Postcode:			
Tel No:			Mobile:			
Email address:						
Date of Birth:						
Valid UK Driving License?	Y/N	Car Owner?	Y/N			
Which volunteer roles are you interested in?						
How did you find out about Carers Trust?						

I'm available on: (please delete as appropriate)						
Monday am/ pm/ evening	Tuesday am/ pm/ evening	Wednesday am/ pm/ evening	Thursday am/ pm/ evening	Friday am/ pm/ evening	Saturday am/ pm/ evening	Sunday am/ pm/ evening

Please return your completed Application Form and Equal Opportunities Form to [abbiescott@carerstrusttw.org.uk](mailto:abbiescott@carerstrusttw.org.uk) or post to:

Supporter Engagement Officer  
 Carers Trust Tyne and Wear Crossroads Carer Services  
 The Old School  
 Smailes Lane  
 Rowlands Gill  
 NE39 2DB

Why are you interested in volunteering with Carers Trust Tyne & Wear?

If you have qualifications or have attended relevant training courses, please give details of them here, with dates:

If you have worked, please list your employers giving your job title, what you did in the role and the dates of when you were there:

If you have done any volunteering before, please give details including where you volunteered, what you did and the dates of when you were there:

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If there is anything else you think we should know, please tell us here:

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## References

Please give details of two referees. One should be from your most recent employer/ volunteer placement or an academic referee if you are a recent student. The other should be someone who knows you well in a different context. Neither referees should be related to you.

### Referee One

Name:	
Address: (including postcode)	
Telephone:	Email:
Relationship to you: (e.g. employer)	

### Referee Two

Name:	
Address: (including postcode)	
Telephone:	Email:
Relationship to you: (e.g. tutor/ vicar/ colleague)	

## Safeguarding Children and Vulnerable Adults

Have you ever had any allegations made against you relating to the safeguarding of children and vulnerable adults which has been reported to and investigated by Social Services and/or the Police?

Yes  No

If YES, we will need to discuss this with you

## Criminal Convictions

Do you have a prosecution pending, or have you ever been convicted at a court?

Yes  No

If YES please give details:

Some volunteers will be required to have an Enhanced DBS Check before they begin. This check will show cautions, reprimands or final warnings and convictions. This process is subject to a strict code to ensure confidentiality, fair practice and security of any information disclosed. You can read the CRB/SCRO Code of Practice and our own procedures. A criminal record need not stop you volunteering unless the nature of anything revealed is thought to place children or vulnerable adults at risk.

To the best of my knowledge, the information I have given on this form is correct.

Signed: .....

Dated: .....

We take our obligations under data protection legislation seriously. We will explain how the data on this and any other form you fill in may be used. It is held securely, and access is restricted. Anonymous data may be used for monitoring.

## Special requirements

Please identify any special requirements or equipment which may help you:

- (A) in the recruitment/interview process
- (B) to enable you to carry out your volunteering role

If you have any questions regarding your needs at the interview or would like to give us more information, please contact us on 01207 549 780.

## Equal Opportunities Monitoring Form

Name:

Carers Trust Tyne and Wear Crossroads Carer Services is committed to Equality of Opportunity and aim to ensure that no volunteer is discriminated against. To monitor the effectiveness of our Equality & Diversity Policy, we ask you to help us by filling in this form. This information is confidential and will be for monitoring purposes only.

**Gender:**                     Male                     Female

**Race/ethnic origin:**

- |                               |   |
|-------------------------------|---|
| (A)    White                  | <input type="checkbox"/> British<br><input type="checkbox"/> Irish<br><input type="checkbox"/> Other white background (please specify)  |
| (B)    Mixed                  | <input type="checkbox"/> White & Black Caribbean<br><input type="checkbox"/> White & Black African<br><input type="checkbox"/> White & Asian<br><input type="checkbox"/> Any other mixed background (please specify)      |
| (C)    Asian or Asian British | <input type="checkbox"/> Chinese<br><input type="checkbox"/> Indian<br><input type="checkbox"/> Pakistani<br><input type="checkbox"/> Bangladeshi<br><input type="checkbox"/> Any other Asian background (please specify) |
| (D)    Black or Black British | <input type="checkbox"/> African<br><input type="checkbox"/> Caribbean<br><input type="checkbox"/> Any other black background (please specify)  |
| (E)    Other Ethnic Groups    | <input type="checkbox"/> Arab<br><input type="checkbox"/> Any other ethnic group (please specify)   |

**Religion:**

- |  |                                 |                                |
|--|---------------------------------|--------------------------------|
| <input type="checkbox"/> Committed Christian             | <input type="checkbox"/> Hindu  | <input type="checkbox"/> Sikh  |
| <input type="checkbox"/> Sympathetic to Christian values | <input type="checkbox"/> Jewish | <input type="checkbox"/> Other |
| <input type="checkbox"/> Buddhist                        | <input type="checkbox"/> Muslim | <input type="checkbox"/> None  |

**Sexual Orientation:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Heterosexual/straight | <input type="checkbox"/> Gay woman/lesbian | <input type="checkbox"/> Gay man           |
| <input type="checkbox"/> Bisexual              | <input type="checkbox"/> Transgender       | <input type="checkbox"/> Prefer not to say |

**Disability:**

*Disability is a physical or mental impairment, which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.*

In these terms, do you consider that you have a disability?     Yes     No