

Commitment – please tell us how much time you can commit, i.e. Tuesday 9 a.m. – 1.00p.m.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

References – please provide details of 2 people (that you have known for at least 1 year) who can be contacted as a reference (over 18 years and not related)

Name		Name	
Address		Address	
Tel No.		Tel. No.	
Email:		Email:	

Rehabilitation of offenders (exceptions) order N.I 1979

Have you any convictions? Yes No

Is there any reason why you cannot work in regulated activity? Yes No

If yes, please give details:

DECLARATION

I declare that the information that I have given is correct.

Signature: _____ **Date:** _____

IT SHOULD BE NOTED THAT DISCLOSURE OF A CONVICTION DOES NOT NECESSARILY DEBAR ANY APPLICANT.

Applicants who are applying for posts under Regulated Activity as defined by the Safeguarding Vulnerable Groups (NI) Order 2007 and also falls within the definition of an ‘excepted’ position as provided by the Rehabilitation of Offenders (Exceptions) Order (NI) 1979. If you are shortlisted for interview you will therefore be asked to provide details of ALL convictions including SPENT convictions which MUST be disclosed and will be subject to verification. Having a conviction will not necessarily debar your application from being considered. For further information on Access NI Code of Practice please visit www.nidirect.gov.uk/accessni-code-of-practice

Data Protection

Under the new GDPR law 2018, it is important you are aware that when you become a volunteer in Southern Area Hospice, we will keep your information safe & secure. This will only be used for volunteering purposes within our organisation and held under Data Protection Regulations (please refer to our privacy statement at <https://www.southernareahospiceservices.org/privacy-policy>. We will contact you via text, email, post or phone using the details you have provided regarding your volunteering role. Please put a **tick or x** in the appropriate boxes below.

I consent to my personal information being held and agree to be contacted for Volunteering purposes only by (please tick all that are applicable for you)

Email	<input type="checkbox"/>	Phone	<input type="checkbox"/>	Text	<input type="checkbox"/>	Post	<input type="checkbox"/>
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I do not consent to my information being held.

Please tick this box	<input type="checkbox"/>
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I certify that the above information is correct and I hereby consent to my referees being contacted.

Signed: _____ **Date:** _____

Please be assured that all information provided will be treated in the strictest confidence.