

**APPLICATION FORM FOR A NEW VOLUNTEER FOR A MEMBER GROUP**

PLEASE USE BLOCK LETTERS AND RETURN TO THE ADDRESS BELOW ON COMPLETION



GROUP NAME	HAWORTH RDA GROUP
CHARITY NUMBER	1086421
NAME	JACKIE BUTTERFIELD
ADDRESS	VALE MILL LANE STABLES VALE MILL LANE CROSSROADS Haworth RDA WEST YORKSHIRE BD22 OEF
EL NO	01535/644375

**PART A YOUR DETAILS**

First name, Surname	MR/MRS/MISS
ANY PREVIOUS NAME YOU HAVE BEEN KNOWN	
ADDRESS	
TELEPHONE NUMBER	
DATE OF BIRTH	

**PART B ADDITIONAL INFORMATION**

**1 EXPERIENCE**

HORSES/PONIES
DISABLED ADULTS/CHILDREN
OTHER (e, g, FIRST AID TRAINING, NURSING, TEACHING SECRETARIAL SKILLS)

## 2 FITNESS

MOST HELPERS JOIN A GROUP TO BECOME INVOLVED WITH DISABLED ADULTS/CHILDREN AND HORSES OR PONIES. THESE ACTIVITIES REQUIRE A DEGREE OF PHYSICAL FITNESS. OTHER ESSENTIAL GROUP ACTIVITIES (FINANCIAL, ADMINISTRATION, SECRETARIAL, ) DO NOT REQUIRE THE SAME LEVEL OF FITNESS. PLEASE DESCRIBE ANY LIMITATIONS ON YOUR ABILITY TO PARTICIPATE IN GROUP ACTIVITIES.

I CONFIRM THAT I HAVE READ AND AGREE TO ABIDE BY THE GROUP'S CHILD PROTECTION POLICY AND PROCEDURES

<b>SIGNATURE</b>	
<b>DATE</b>	

## 3 REFERENCE

<b>INITIALS, SURNAME</b>	<b>MR/MRS . MISS</b>
<b>ADDRESS</b>	
<b>TEL NUMBER</b>	

I AM HAPPY TO RECOMMEND THE APPLICANT (TO WHOM I HAVE KNOWN FOR ( ) YEARS AS AN RDA VOLUNTEER (PREFERABLY TO BE SIGNED BY SOME ONE OTHER THAN A RELATIVE.

## PART C

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE OR BEEN THE SUBJECT OF A CAUTION, A BOUND OVER ORDER OR A CIVIL ACTION INVOLVING PHYSICAL OR SEXUAL ABUSE OR VIOLENCE? YES/NO PLEASE DELETE WHICH EVER IS APPLICABLE

IF YES, PLEASE GIVE DETAILS;

YOU ARE ADVISED THAT UNDER THE PROVISIONS OF THE REHABILITATIONS OF OFFENDERS ACT 1974 (EXCEPTIONS) ORDER 1975 AS AMENDED BY THE REHABILITATION OF OFFENDERS ACT 1974 (AMENDMENT) 1986, YOU SHOULD DECLARE ALL CONVICTIONS, INCLUDING SPENT, CONVICTIONS.

HAVE YOU EVER BEEN SUBJECT TO ANY DISCIPLINARY ACTIONS OR SANCTIONS RELATING TO CHILD ABUSE, SEXUAL OFFENCES OR VIOLENCE?

**YES/NO (PLEASE DELETE WHICHEVER IS NOT APPLICABLE)**

YOU ARE REQUIRED TO SELF-CERTIFY THAT YOU ARE NOT KNOWN TO SOCIAL SERVICES AS BEING AN ACTUAL OR POTENTIAL RISK TO CHILDREN, AND THAT YOU HAVE NOT BEEN DISQUALIFIED OR PROHIBITED FROM FOSTERING CHILDREN OR HAD ANY RIGHTS OR POWERS IN RESPECT OF ANY CHILD VESTED IN OR ASSUMED BY A LOCAL AUTHORITY, OR HAD A CHILD ORDERED TO BE REMOVED FROM YOUR CARE.

AS PART OF THE CHECKING PROCEDURE YOU ARE ADVISED THAT THE GROUP RESERVES THE RIGHT TO MAKE REFERENCE TO THE LOCAL AUTHORITY SOCIAL SERVICES DEPARTMENT AND POLICE RECORDS TO VERIFY INFORMATION GIVEN ON THIS FORM WHEN IT IS SUBMITTED OR AT ANY TIME IN THE FUTURE. IT IS THE GROUP'S POLICY TO MAKE RANDOM POLICE CHECKS AND TO TAKE UP ALL REFERENCES.

N.B IT IS THE DUTY OF ALL GROUP PERSONNEL, INSTRUCTORS AND VOLUNTEERS TO REPORT ANY CHANGE OR CONVICTION INVOLVING CHILDREN.

I CONSENT TO A CRIMINAL RECORDS CHECK BEING MADE, I CONFIRM THAT THE INFORMATION ON THIS FORM IS CORRECT, AND ACCEPT THAT FAILURE TO DISCLOSE INFORMATION OR SUBSEQUENT FAILURE TO CONFORM TO THE GROUP'S CHILD PROTECTION POLICY PROCEDURES MAY RESULT IN DISCIPLINARY ACTION AND POSSIBLE SUSPENSION.

**SIGNATURE**

**DATE**

RIDING FOR DISABLED ASSOCIATION INCORPORATING CARRIAGE DRIVING (RDA) REGISTERED COMPANY NUMBER 5010395 REGISTERED CHARITY NO 244108 LAVINIA NORFOLK HOUSE WARWICKSHIRE. REGISTERED CHARITY NO 244108