

SKILLS, HOBBIES AND EXPERIENCE

Please list your skills, hobbies and any experience that you consider an advantage to becoming a volunteer (*you may use a continuation sheet if necessary*).

HAVE YOU VOLUNTEERED BEFORE? (Please ✓)

If YES, please complete the section below:

YES

NO

Name of organisation/charity	Main duties

HOW MUCH TIME WOULD YOU BE PREPARED TO GIVE?

Please indicate in the table below the days of the week and times during the day/evening that you would be available.

	MORNING	AFTERNOON	EARLY EVENING
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

WHEN ARE YOU AVAILABLE TO START?

REFERENCE DETAILS

Please give details of two referees who have known you for three years or longer and are able to provide references relating to your experience and suitability to become a volunteer.

	Reference 1	Reference 2
Name:		
Address:		
Post Code:		
Email:		

PLEASE GIVE DETAILS OF SOMEONE WE MAY CONTACT IN CASE OF AN EMERGENCY

Mr/Mrs/Ms/Miss/Other	First name(s):	Surname/Family Name:
Address:		Relationship to you: (e.g. Mother)
Home Tel No:	Work Tel No:	Mobile:

Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, please supply details of your current visa:	
Does your visa have a condition restricting employment or occupation in the UK?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

REHABILITATION OF OFFENDERS ACT

Posts entailing contact with club members are exempt from the provisions of Section 4(2) of the Rehabilitation of offenders Act 1974. This means applications are not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act. You should also declare if you have ever received a caution, reprimand or warning. Failure to disclose any unspent convictions at this stage will result in your application being declined. Any information given will be completely confidential and will be considered only in relation to any application for voluntary positions to which the order may apply. NB A criminal conviction or caution would not preclude you from volunteering at the PPRC.

Do you have a criminal conviction? Yes No If yes, please provide more information

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THE DATA PROTECTION ACT

PPRC is required to adhere to the terms of the Data Protection Act and General Data Protection Regulation. By becoming a PPRC volunteer you agree to the PPRC holding and processing the above information about you, as permitted by law.

We only capture this data for the sole purpose of processing your application.

DECLARATION

Confidentiality

During the course of my duties as a volunteer I may see or hear personal information about a club member of the PPRC. I fully understand that all such information must be treated in absolute confidence and that I must not discuss or disclose this information with any persons other than relevant members of the Committee.

I understand that in order to be considered for a placement as a volunteer I will be asked to produce evidence of identification, address and status in the UK when applicable and attend an induction day.

I declare that the information on this form is true and complete. I understand that any false information may result in the withdrawal of this application or being asked to cease volunteering

Signed: _____

Print: _____ Date: _____

Please return the completed form by email to volunteer@paulpophamrunningclub.co.uk /
joanne@paulpophamrunningclub.co.uk
or by post to: PPRC, C/O 11 Tawe Business Village, Enterprise Park, Llansamlet, Swansea SA7 9LA

MONITORING INFORMATION

PPRC welcomes volunteers from a diverse range of backgrounds. It is important that our volunteers are treated fairly and they are not discriminated or disadvantaged because of their age, disability, gender reassignment status, marriage or civil partnership status, pregnancy or maternity, race, religion or belief, sex or sexual orientation. Therefore we would ask that you complete the form below and return it with your completed application form.

This form will be detached from your application form and will not be used as part of the selection process. The information collected is only used for monitoring purposes in an anonymised format to assist the organisation in analysing the profile and make up of individuals who apply to become a volunteer.

Equality Act 2010

The Equality Act 2010 protects people against discrimination on the grounds of their age and sex.

* Please state your date of birth	
* Please indicate your gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to disclose this

Equality Act 2010

The Equality Act 2010 protects people who are married or in a civil partnership.

* Please indicate the option which best describes your marital status	
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Civil partnership <input type="checkbox"/> Legally separated	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> I do not wish to disclose this

Equality Act 2010

The Equality Act 2010 protects bisexual, gay, heterosexual and lesbian people from discrimination on the grounds of their sexual orientation.

* Please indicate the option which best describes your sexual orientation	
<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual <input type="checkbox"/> I do not wish to disclose this

Equality Act 2010

The Equality Act 2010 protects people against discrimination on the grounds of their race which includes colour, nationality, ethnic or national origin.

* Please indicate your ethnic origin		
Asian or Asian British <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background Black or Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	Mixed <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other mixed background White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	Other Ethnic Group <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> I do not wish to disclose this

Equality Act 2010

The Equality Act 2010 protects people against discrimination on the grounds of their religion or belief, including a lack of any belief.

* Please indicate your religion or belief

<input type="checkbox"/> Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Hinduism	<input type="checkbox"/> Islam <input type="checkbox"/> Jainism <input type="checkbox"/> Judaism <input type="checkbox"/> Sikhism	<input type="checkbox"/> Other <input type="checkbox"/> I do not wish to disclose this
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Equality Act 2010

The Equality Act 2010 protects disabled people - including those with long term health conditions, learning disabilities and so called "hidden" disabilities such as dyslexia. If you tell us that you have a disability we can make reasonable adjustments to ensure that any selection processes - including the interview - are fair and equitable.

* Do you consider yourself to have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to disclose this information
Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other'.	
<input type="checkbox"/> Physical impairment <input type="checkbox"/> Sensory impairment <input type="checkbox"/> Mental health condition	<input type="checkbox"/> Learning Disability/Difficulty <input type="checkbox"/> Long-standing illness <input type="checkbox"/> Other
If you have a disability, do you wish to be considered under the guaranteed interview scheme if you meet the minimum criteria as specified in the Person Specification?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	