**APPLICATION FORM FOR STAFF AT A MEMBER GROUP**

**(PLEASE USE BLOCK CAPITALS AND RETURN TO GROUP ADDRESS)**



|  |  |
| --- | --- |
| To be completed by Group before being given to applicant | |
| **GROUP NAME** | **Broadlands Group RDA** |
| **CHARITY NO** | **1170398** |
| **CONTACT NAME** | **Jacky Nuth** |
| **ADDRESS** | **Lower Paice Lane, Medstead, GU34 5PX** |
| **EMAIL** | **office@broadlandsgrouprda.org.uk** |
| **TEL NO** | **01420 375767** |

All the information you provide will enable us to contact you in relation to your volunteering activities with RDA. This may include sending you important information, which relate specifically to your volunteer role.

**1 YOUR DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Click or tap here to enter text. | Gender | Click or tap here to enter text. |
| Date of Birth | Click or tap here to enter text. | Age | Click or tap here to enter text. |
| Address | Click or tap here to enter text. | | |
| Email Address | Click or tap here to enter text. | | |
| Telephone Number | Click or tap here to enter text. | | |
| Mobile Number | Click or tap here to enter text. | | |

**2 SPECIFIC INFORMATION ABOUT YOU**

The information in this section will be used to help us learn a little more about you, understand your needs, and ensure we are able to place you in a suitable volunteering role at the group.

|  |  |
| --- | --- |
| Equine experience | Click or tap here to enter text. |
| Experience volunteering/working with people with disabilities | Click or tap here to enter text. |
| Other skills and professional qualifications | Click or tap here to enter text. |
| Do you consider yourself to be disabled? | Click or tap here to enter text. |
| Is there any information that we may need to consider when placing you as a volunteer to ensure you have a positive experience? (Medical conditions, impairments, specific needs, accessibility requirements, allergies etc.)  Click or tap here to enter text. | |

**3 EMERGENCY CONTACT DETAILS**

If you become a volunteer with us it’s important we know who to contact in case you are injured or become ill while volunteering.

|  |  |
| --- | --- |
| Full Name | Click or tap here to enter text. |
| Relationship to you | Click or tap here to enter text. |
| Telephone Number | Click or tap here to enter text. |

By ticking this box I confirm I have consent of the individual listed above to be contacted in the case of an emergency during the course of RDA activities.

**4 REFERENCES**

We request all volunteers provide two references to support their application. These people should not be related to you, should have known you for at least 2 years and should be someone you know in a professional capacity where possible.

**It is our policy to take up all references.**

|  |  |
| --- | --- |
| Full Name | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Full Name | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |

**5 DECLARATION**

**I consent to an enhanced disclosure check being made (if applicable), will abide by the group’s policies and procedures and confirm that the information provided on this form is correct. I accept that failure to disclose information or subsequent failure to conform to the group’s Safeguarding Policies & Procedures may result in possible disciplinary action.**

As part of the checking procedures, 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.

NB: It is the duty of all Group personnel, coaches and volunteers to report any conviction involving children.

By ticking this box I give consent to my photograph being taken during RDA activities for training and/or publicity (including websites, social media, newsletters and marketing materials for the group and RDA UK). I give this consent acknowledging the photos will not be given to a third party without my explicit consent.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature | Click or tap here to enter text. | Date: | Click or tap here to enter text. |

**If you are under 18 this form must also be signed by a parent or guardian.**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature | Click or tap here to enter text. | Date: | Click or tap here to enter text. |

**The information provided on this form will only be used for the purposes stated above in relation to RDA volunteering activities.**

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| --- |
| **RDA Group Use:** Date Application Received: Click or tap here to enter text.  Is application approved or declined? Choose an item.  **APPLICATION REVIEW DATE** (At least every 3 years): Click or tap here to enter text. |

Completing and submitting this form electronically confirms your acceptance of the terms.