  **DBS 1**

CATHOLIC DIOCESE OF NOTTINGHAM

**REGISTRATION FORM FOR VOLUNTEER ROLES INVOLVING CHILDREN, YOUNG PEOPLE AND VULNERABLE ADULTS**

**VOLUNTEER ROLE**

|  |  |
| --- | --- |
| Name of Parish: |  |
| Role(s) you are volunteering for:  |  |

# PERSONAL INFORMATION

|  |  |
| --- | --- |
| Title  |  |
| First and additional names |  |
| Surname  |  |
| Address  |  |
| Postcode  |  |
| Preferred telephone number  |  |
| Email address |  |

# VOLUNTEERS FROM OUTSIDE OF THE UK

# If you are from the European Union, you can volunteer in the UK. If you are from outside the EU, you will need to check that your visa allows you to volunteer.

Individuals who are asylum seekers, with refugee status or who have exceptional leave to remain can volunteer.

The UK Borders and Immigration Agency should be contacted if there is any uncertainty about permission to volunteer in the UK.

# Are you permitted to volunteer in England and Wales? Please tick

|  |  |
| --- | --- |
| Yes |  |
| No |  |

# SKILLS, EXPERIENCE AND PERSONAL QUALITIES

Please describe your skills, experience and personal qualities and how you think they will help you in the roles you are seeking to volunteer in.

# REFEREES

Please provide the names and addresses of two people who would be willing to provide a reference for you. Ideally, these will be people that have known you for at least 2 years e.g. current or previous employer, somebody from another volunteering role, friend, neighbour or tutor. Your Parish Priest, Deacon, members of your diocesan safeguarding team or family members cannot be used as referees. We will be contacting the people you detail below for the purpose of obtaining a reference for you, in respect of this specific role. You must seek permission from your referees, in advance of providing their contact details for the purpose of providing a reference. Please confirm below for each referee, that you have obtained their consent.

|  |  |
| --- | --- |
| **Referee 1** |  |
| Name and capacity in which the person knows you |  |
| Full address (including postcode)  |  |
| Telephone number |  |
| Email address |  |
| I confirm that consent has been obtained from the referee, to provide their name and contact details, for the purpose of providing a reference for this specific role. |  |
|  |  |
| **Referee 2** |  |
| Name and capacity in which the person knows you |  |
| Full address (including postcode)  |  |
| Telephone number |  |
| Email address |  |
| I confirm that consent has been obtained from the referee, to provide their name and contact details, for the purpose of providing a reference for this specific role. |  |

# REHABILITATION OF OFFENDERS ACT 1974

If the role that you are seeking to volunteer for involves working with or has access to children or adults at risk, you may require a Disclosure and Barring Service check. If this is the case, the role description will state that the role is exempt from the Rehabilitation of Offenders Act. If you are seeking to volunteer for such a role, you are not entitled to withhold information even if you have convictions which would ordinarily be considered to be “spent”.

Before you take up a voluntary position with children or adults at risk you will be asked to disclose any previous, existing or pending convictions or cautions. This will be in addition to completing a Disclosure and Barring Service check.

Possession of a conviction or caution will not necessarily mean that you will not be able to volunteer. Each case will be considered individually.

If you fail to disclose any criminal convictions or cautions, including those “spent”, it could result in you not being able to volunteer.

# PRIVACY STATEMENT

The information that you provide on this form will be processed in accordance with the General Data Protection Regulation 2018, the Data Protection Act 2018 and our Privacy Notice which is attached. This form will be held securely, confidentially, will not be shared with third parties and will be retained in accordance with our record retention schedule.

# DECLARATION

I understand that providing misleading or false information may disqualify me from volunteering.

|  |  |
| --- | --- |
| Signature:  | Date:  |
|  |  |

**PLEASE RETURN THIS FORM TO:**

**Full Name:**

**Position:**

**Address**