

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

PLEASE USE BLOCK CAPITALS THROUGHOUT AND RETURN TO THE ADDRESS  
BELOW ON COMPLETION



<b>GROUP NAME</b>	<b>ELISABETH CURTIS CENTRE</b>
<b>CHARITY NO</b>	<b>1137217</b>
<b>NAME</b>	<b>NEW HELPER CO-ORDINATOR</b>
<b>ADDRESS</b>	<b>CHESTNUT AVENUE BROMHAM, BEDS MK43 8HP</b>
<b>TEL NO</b>	<b>01234 824469</b>

### CONFIDENTIAL INFORMATION FOR USE BY RELEVANT RDA PERSONNEL ONLY

You have a right of access to information held about you and other rights  
under the Data Protection Act 1984

The information you provide on this form will be used for the purposes of  
the Elisabeth Curtis Centre (Company No. 7302917) only, and will not be  
shared with third parties without your permission.

### PART A - YOUR DETAILS

<b>First Name, Surname</b>	Mr/Mrs/Miss ...
<b>Any previous names by which you have been known</b>	
<b>Address</b>	
<b>Telephone Number</b>	
<b>Date of Birth</b>	

### PART B - ADDITIONAL INFORMATION ABOUT YOU

#### 1. Experience

Horses/Ponies
Disabled Adults or Children
Other (E.g. First Aid Training, Nursing, Teaching, Secretarial Skills)

## 2. Fitness

Most helpers join a Group to become involved with disabled adults or children and horses or ponies. These activities require a degree of physical fitness. Other essential group activities (financial, administrative, secretarial) do not require the same level of fitness. Please describe any limitations on your ability to participate in Group activities.

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I confirm that I have read and agreed to abide by the Group's Child Protection Policy and procedures:

Signature	
Date	

## 3. Reference

Initials, Surname	Mr/Mrs/Miss
Address	
Telephone Number	

I am happy to recommend the applicant (whom I have known for  years) as an RDA volunteer. *(Preferably to be signed by someone other than a family member)*

Signature		Date	
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## PART C - DISCLOSURE

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 whichever is not applicable)

If YES, please give details:

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You are advised that under the provisions of 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)

If YES, please give details:

You are required to self-certify that you are not known to ANY 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 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. It is the Group's policy to make random police checks and to take up all references.

NB: 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, confirm that the information provided on this form is correct, and accept that failure to disclose information or subsequent failure to conform to the Group's Child Protection Procedures may result in disciplinary action and possible suspension.**

Signature		Date	
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Riding for the Disabled Association Incorporating Carriage Driving (RDA),  
Registered Company Number 5010395 Registered Charity No 244108 (England & Wales) No SC039473  
(Scotland)  
Norfolk House, 1a Tournament Court, Edgehill Drive, Warwick CV34 6LG