

Home-Start Westminster is committed to safe recruitment practice as an important part of safeguarding and protecting children and vulnerable adults

Home-Start Westminster - Application Form for Volunteers

Please contact Home-Start for assistance if needed 0207 724 1345. Once completed please return to: toni@hswestminster.co.uk or Home-Start Westminster, St Pauls Centre, 3 Rossmore Road, NW1 6NJ.

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|---|---|
| Name: | |
| Address including postcode: | |
| Home telephone no: | Mobile telephone no: |
| Email address: | |
| Date of birth: | Languages spoken: |
| Emergency Contact name and phone no: | |
| REFERENCES: Please give the names and addresses of two people, unrelated to you, who would give you a personal and professional reference. They should have known you for at least two years. Please ask permission prior to submitting referees details. | |
| Referee 1 | Referee 2 |
| Time known this person: What is your relationship to this person? | Time known this person: What is your relationship to this person? |
| Name: Organisation (if applicable): Address: Postcode: Email: Telephone: | Name: Organisation (if applicable): Address: Postcode: Email: Telephone: |

How did you hear about Home-Start?

Home-Start asks for a minimum commitment of 2 hours per week on a regular basis for at least one year

Please tell us about any paid employment or volunteering you've done, starting with the most recent:

| Employer | Job title | From | To | Brief description of duties | Reason for leaving |
|----------|-----------|------|----|-----------------------------|--------------------|
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What is your current employment situation?

- Working Full Time
- Working Part Time
- Seeking Work
- Retired
- Student
- Not seeking work

Please can you tell us about your experience with children?

Please choose options that match to you:

Parent Step-parent Foster carer

Other Please specify.....

If you have children, please give their dates of birth:

What did/do you find enjoyable about parenting/parenting experience?

What did/do you find challenging?

What are your hobbies and interests?

For example: Running, crafts, cooking...

Have you any skills or personal/work experiences which may be relevant to your role as a volunteer for Home-Start such as:

Skills:-

- a) *Budgeting/finance/benefits*
- b) *Cooking*
- c) *DIY*
- d) *Committee work*
- e) *Retailing*
- f) *Languages including sign*
- g) *Listening/counselling*

Personal /Work Experiences:-

- a) *Post Natal Depression/other mental health issues*
- b) *Domestic violence/abuse*
- c) *Divorce/separation*
- d) *Bereavement*
- e) *Counselling*
- f) *Disability*
- g) *Housing/homelessness*
- h) *Substance misuse*
- i) *Lone parent*
- j) *Advocacy/advice& guidance*
- k) *Childcare*
- l) *Education*
- m) *Health*
- n) *Social care*

What are your reasons for volunteering for Home-Start (Please tick all that apply)

- a) *to gain new skills/experiences for employment*
- b) *opportunities for training and development*
- c) *opportunity to give something back to communities*
- d) *to build confidence*
- e) *other, please specify*

Is there anything else you would like to add?

As volunteers are in a privileged position visiting families in their own homes and have contact with young children, Home-Start has a responsibility to ensure that no one becomes a volunteer who would misuse this trust. Therefore, it is essential that you complete and sign this form. The Disclosure and Barring Service (DBS) website has more information about the process which you can access at:

<https://www.gov.uk/government/organisations/disclosure-and-barring-service>

Name:

| | |
|--|--------|
| 1. Have you had any personal contact with Social Services/Social Work Department or NSPCC in connection with children in your care? Have any of your children been subject to a child protection, child in need plan or common assessment framework (CAF)? | Yes/No |
| 2. Do you consider yourself to have a disability or health condition and if so what adjustments could Home-Start provide to enable you to volunteer? Please provide detail, continue on separate sheet if required. | Yes/No |
| 3. Have you ever been dismissed from any paid or voluntary work? | Yes/No |
| 4. Have you ever been arrested or had contact with the police for any type of criminal offence? | Yes/No |
| 5. Are there any matters outstanding which may lead to a criminal prosecution? | Yes/No |

If you answer yes to questions 1-5, please give details:

We conduct an enhanced Disclosure and Barring Service check for all volunteers. You must declare existing or spent cautions or convictions. If you do not declare any existing or spent cautions or convictions you may not be selected. However, if you declare any of the above it may still be possible to become a volunteer. For more details, contact the Scheme Manager.

I give permission for Home-Start to carry out criminal record checks at enhanced level with the appropriate agency.

I understand that my National Insurance number, passport and/or drivers licence may be required for identification purposes.

I understand that Home-Start may hold personal information about me in paper records and on their computer, including sensitive information such as age, race, sex and disabilities that they will use for their monitoring purposes. I agree to them holding this information and understand that it may be shared with Home-Start UK for Quality Assurance purposes.

I understand that I may ask to see my records at any time.

Signed: _____

Date: _____

As you will be completing an Enhanced Disclosure form detail of any criminal convictions or cautions found will be passed onto to Home-Start Westminster. Therefore it is important that you highlight any issue we need to be aware of on your application form.

If something is highlighted on your disclosure this will be discussed with you in confidence. Following the meeting a decision will be made whether we can proceed with your application.

If you have any concerns please discuss this further with Thienhuong Nguyen, Scheme Manager

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| | | |
|--|---------------|----------|
| Interview date | | |
| Reference requested | 1 (date) | 2 (date) |
| Reference received | 1 (date) | 2 (date) |
| DBS requested | Date received | No. |
| Prep course completed (date): | | |
| Safeguarding & promoting welfare of children code of conduct signed(date): | | |
| Info given, health & safety, personal safety(date): | | |