**The Widows Empowerment Trust (WET)**

**Befriending Volunteer Application**

**Form**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First Name: | | | | Surname: | | | |
| Phone Number: | | | | Email: | | | |
| Address: | | | | | | | |
| Date of Birth: | | | | | | | |
| Why do you wish to become a volunteer Befriender? | | | | | | | |
| Do you have any work experience or skills which might be useful for volunteer Befriending? | | | | | | | |
| Do you have any hobbies or interest? | | | | | | | |
| Are you prepared to travel a long distance to a client’s house if they live slightly outside your immediately area?  N.B Travel expenses paid. Please tick  Yes, I have access to a car and could travel.    Yes, I could use public transport    No | | | | | | | |
| Please provide details of any special needs or relevant medical conditions. | | | | | | | |
| Are there reasonable adjustments that we could make as part of the recruitment process that would enable you to enjoy equal opportunity in seeking a befriending role with us? | | | | | | | |
| Please indicate when you would be available to volunteer.  Day/Hours available: | | | | | | | |
| Monday | Tuesday | Wednesday | Thursday | | Friday | Saturday | Sunday |

Please provide names, addresses and telephone numbers of two referees for the befriending scheme( Referees cannot be relatives)

Reference 1

|  |  |  |
| --- | --- | --- |
| First Name: | Surname Name: | |
| Address: | | |
| Telephone: | | Email: |

Reference 2

|  |  |  |
| --- | --- | --- |
| First Name: | Surname Name: | |
| Address: | | |
| Telephone: | | Email: |

I confirm that all the details on the Application form are correct and accurate.

Signature Date

**THE WIDOWS EMPOWERMENT TRUST**

**DECLARATION CONSENT FORM**

**Declaration of Criminal Convictions Cautions and Bind – overorder and consent to Access NI check.**

You have applied for a position that is defined as Regulated Activity under the Safeguarding Vulnerable Group (NI) Order 2007. It also falls within the definition of an ‘expected’ position under the Rehabilitation of offenders( Exceptions) Order (NI) 1979.

Any information received will be treated confidentially, and we will talk to you about it before a final decision is reached. After the decision is made the information will be destroyed.

A check will only be carried out if you are considered to be the preferred candidate and are being offered an appointment. You **must** tell us now if you have ever been convicted of a criminal offence, or cautioned by the police, or bound over. You **must** tell us about **all** offences, even minors ones such as motoring offences, and ‘spent’ convictions, that is, things that happened a long time ago. If you leave anything out it may affect your application.

Please complete the form attached and return it to the address given.

The form also asks you to give written consent to the check. If you do not consent, we will not accept your application. This may include details such as the particular circumstance around the conviction(s); how circumstances may have changed; and what has been learnt from the experience.

In confidence

Do you have any prosecution pending? Yes No

(if yes, please give details)

Have you ever been convicted at a court or cautioned by the police for any offence?

Yes No

If yes, please list details of all conviction, cautions or bind- over. Give as mush information as you can, including, if possible, the offence the approximate date of the court hearing and the court which dealt with matter.

**Declaration of Abuse Investigation(s)**

Have you ever been the subject of an Adult or Child Abuse investigation which alleged you were the perpetrator of any adult or child abuse?

Yes No

If yes, please list full details below including the name of the police unit or Health and Social Care and trust involved in the investigation. If possible,

Please provide the approximate date (s)

**Declaration and Consent**

I declare that the information I have given is complete and accurate, I understand that I will be asked to complete an Access NI Disclosure Certificate Application From. If I am considered to be the preferred candidate and I consent to the Enhanced Disclosure Check being made and I agree to enquire relevant to this declaration.

|  |  |  |
| --- | --- | --- |
| **Print Name** | **Any Surname previously known by:** | |
| **Position applied for:** | | |
| **Signature** | | **Date** |