



**VOLUNTEER APPLICATION FORM**

**SAFEGUARDING**

This form is to be completed by any individual wishing to undertake a voluntary or occasional role with GBWR. This form is not intended for paid employees.

The information contained within this form will remain confidential. Please see GBWR's Privacy Notice for detail on how we use your data.

Position/Role Applied For:			
Surname	First Name	Middle Name	Title
Any other names by which you have previously been known:			
Present Address:			
Postcode:			
Telephone Numbers: Day		Evening	Mobile
Previous Addresses (if at present address for less than 3 years)			
Postcode:			
Date of Birth	Place of Birth	National Insurance Number	
Current Occupation (including voluntary positions)			
Current Employer (name and address)			
Position and brief description of duties			
Start date:			
Previous Occupation (including voluntary positions)			

**Volunteer Application Form**  
**Safeguarding**  
**Great Britain Wheelchair Rugby**



Previous Employer (name and address)	
Position and brief description of duties	
Start Date:	Finish Date:
Qualifications:	
Interests:	
Experience/training relevant to the post applied for:	
Previous experience of working within a disability sport environment:	
Reasons for applying for the position:	
References: Please give the names of two people who we can contact for a reference and who can comment on your suitability for this role which involves working with children and/or adults at risk. References from relatives or people who only know you as a friend are not acceptable. If you have not worked previously, then please give details of a school/college/university official. We may additionally contact your current employer. Referees must have known you for at least 2 years.	
Name  Organisation  Address	Name  Organisation  Address

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How long have you known this person and in what capacity?	How long have you known this person and in what capacity?
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I agree to abide by the GBWR Code of Conduct and child/vulnerable adult protection policies. I understand that prior to undertaking this role with the GBWR, I will be required to complete a self-declaration form and to undertake a criminal record (DBS) check. The results of this check, and the information I provide, may be shared and clarified with partner agencies.

Sign \_\_\_\_\_ Date \_\_\_\_\_

Please print name \_\_\_\_\_