

Application Form

Section A



Please note that if you have a disability and you require having this form, or submitting the information with regard to this form in another format, such as in larger print or audio-tape, please contact us by writing, emailing or telephoning The Recruitment Team.

Post Applied For: Volunteer
Location: Oasis Academy New Oak
How did you hear about this?

Personal Details

Family Name (Including Preferred Title)	
First Name(s)	
Address (Inc. Postcode)	
Telephone No (Inc. STD Code)	Mobile No
E-Mail Address	
Nationality:	
Date free to take up volunteer appointment (DD/MM/YY):	

Previous employment with children

Other than the employment mentioned above, have you ever worked within a role that involved contact with children or young people?

YES NO

Relatives/Other Interests

Are you currently or have you ever been an employee or volunteer for any Oasis project?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please name the project:	
Are you related to, or know personally, any Oasis Community Learning employee or student (s)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of person:	
Position held within Oasis Community Learning	

Relationship of person to you:	
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Safeguarding Children and Young People

We are committed to safeguarding and promoting the welfare of children and young people. We expect all staff to share this commitment and to undergo appropriate checks. Any offer of appointment is subject to satisfactory CRB (Criminal Records Bureau) Enhanced Disclosure Check.

Have you ever been the subject of an investigation or enquiry into abuse of, or inappropriate behaviour with children or young people? **YES** **NO**

Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post? **YES** **NO**

If you have answered 'yes' please give full details, continuing on a separate sheet if necessary

Criminal Convictions

This appointment is excluded from the non-disclosure provisions under the Rehabilitation of Offender Act 1974. Applicants must declare any convictions which for other purposes are "spent" and in the event of employment, failure to disclose such convictions could result in dismissal or disciplinary action by Oasis Community Learning. Any information will be treated confidentially.

Have you ever been convicted of a criminal offence by a Court of Law? **YES** **NO**

Are you currently under investigation, awaiting trial, verdict or sentencing in any criminal proceeding? **YES** **NO**

If yes, please attach details including the offence and the date.

Referees

Please give the name and address of two people whom we may contact for a reference. Oasis Community Learning reserves the right to contact any of your former employers.

	Reference 1	Reference 2
Name (inc. Title)		
Status		
Organisation		
Relationship		
Address		
Tel. No. (inc. STD)		
Fax No. (inc. STD)		

E-mail add.		
	Is this referee aware of your application for this post? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you willing for this referee to be approached Yes <input type="checkbox"/> No <input type="checkbox"/>	Is this referee aware of your application for this post? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you willing for this referee to be approached Yes <input type="checkbox"/> No <input type="checkbox"/>

Data Protection Statement

The information that you provide on this form and that obtained from other relevant sources will be used to process your application to volunteer. The personal information that you give us will also be used in a confidential manner to help us monitor our process.

By signing this form we will be assuming that you agree to the processing of sensitive personal data (as described above), in accordance with our registration with the Information Commissioner's Office."

DECLARATION

I acknowledge that Oasis Community Learning is committed to safeguarding and promoting the welfare of children and young people and to this end hereby certify that I am not on List 99, disqualified from work with children, or subject to sanctions imposed by a regulatory body such as GTC, and have no convictions, cautions or bind-overs (or have attached details of my record in a sealed envelope marked confidential).

I declare to the best of my knowledge and belief, all particulars I have given in all parts of this application form are complete and true. I understand that any false declaration or misleading statement or a significant omission may disqualify me from employment and render me liable to dismissal. I understand that my volunteering is subject to references, employment eligibility and criminal convictions, all of which must be deemed by Oasis Community Learning as satisfactory.

Signed

Date

We are committed to safeguarding and promoting the welfare of children and young people. We expect all staff to share this commitment and undergo appropriate checks. In view of this, you will subject to a List 99. Please provide your Date of Birth and any previous surnames used.

Date of Birth:

Previous Surnames Used:

We would like volunteers to commit to at least two terms of volunteering. Please circle the days you are available:

Days	Monday	Tuesday	Wednesday	Thursday	Friday
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Please circle the time you are available, together with the Year Group you would prefer to work with:

Times	am	pm	Year Group	Rec	1	2	3	4	5	6
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Please return your completed application by email to Hayley.Williams@oasisnewoak.org or by post to:

Hayley Williams
Oasis Academy New Oak
Walsh Avenue
Hengrove
Bristol
BS14 9SN

If returning this application electronically you are confirming that the information is true and accurate to the best of your knowledge.

Disability Definition

Individuals who were registered under the Disabled Persons (Employment) Act 1944 on both 12 January 1995 and 2 December 1996 are treated as being disabled under the Disability Discrimination Act 1995 (DDA).

The DDA states “a person has a disability if he has a **physical or mental impairment** which has a **substantial** and **long-term adverse effect** on his ability to carry out **normal day to day activities**.” The person must satisfy the four criteria in bold in the above statement to fall under and, therefore, be protected under the DDA. This definition is subject to amendments made by the DDA 2005.