*For office use only:*

*Date form received: Date prospective volunteer contacted:*

*Informal meeting agreed Y/N\* Date: Time: Confirmation sent? Y/N\* (date)*

*Refs sent: Date: CRB (If applicable): Date:*

**Due to the high demand for volunteer places this application form we may not have a volunteer opportunity available or that suits your skills we will signpost you to other volunteer projects.**

**Personal Details**

# Name: DOB:

# Address: Post code:

# 

# Telephone No:

**Email:**

# Emergency Contact (Name, Relationship to you, phone number):

**Work Placement**

## Work placement you are applying for?

## Administration & Reception Café Gardening & Maintenance Outdoor Early Years

## Which days/times are you available to work?

## How did you hear about the work placements at Windmill Hill City Farm?

|  |
| --- |
| **Please give any information about yourself, including any specific skills, experience or personal qualities relevant to this position. (Continue on another sheet if necessary)** |

|  |
| --- |
| **What do you want to gain from doing this placement with us?** |

|  |
| --- |
| **Have you volunteered with us previously or volunteered with other organisation? (Please State)** |

**Health**

It would be helpful if you could talk to us about any support needs you have. This does not stop you volunteering with us, but lets us know how these may affect your volunteer activities at the farm and how we can best support you.

**Are you able to work without ongoing supervision after receiving instruction? Yes No**

**Do you consider yourself to have a mental health issue? Yes No**

**Do you consider yourself to have a learning difficulty? Yes No**

**Are you receiving any additional support from other agencies/organisations? Yes No**

If yes, please state

**Could you tell us more about how your problems affect you and how we can support you while you are volunteering?**

**Do you consider yourself to have a physical health issue? Yes No**

If yes, please provide us with some detail:

**Details of any medication (and any experienced side-effects)**

**Drug and Alcohol Use**

**Do you have a current/recent problematic drug/alcohol use issue? Yes No**

**Are you currently on a substitute prescription?**  **Yes No**

Please provide us with some details around your drug/alcohol use, including any support you are receiving.

**Criminal Convictions**

**Rehabilitation of Offenders Act 1974**

We are required to take certain safeguards to protect vulnerable groups who use Windmill Hill City Farm, and therefore must ask you for details of any criminal convictions. Due to the nature of the project, the provisions of Section 4(2) of the Rehabilitation of Offenders Act do not apply. Information about convictions, which for other purposes are spent, must therefore be disclosed.

Any information given will be treated in strict confidence and used only in connection with this application. It will not necessarily prevent you from working at the Farm. Dismissal may result if it is discovered that previous convictions were not disclosed.

**Do you have any unspent convictions? Yes No**

**Are you currently under probation supervision? Yes No**

**Please provide details of any previous or outstanding convictions/cautions** (including nature of offence, date of conviction/caution, any sentence details)

**Nature of offence Date of conviction/caution Details of sentence**

I declare that the statements made and information given in this document are true to the best of my knowledge and belief. I agree that such enquiries as may be considered necessary may be made to the police/probation or any other person or organisation. I understand that the police will disclose any cautions or convictions for the purposes of this application only.

**Signed: Date:**

**References**

Please give details of any agency or support worker who could provide a reference. If you do not receive support have you worked or volunteered for another organisation? Referee 2 could be someone who knows you well.

**Referee 1 Referee 2**

Name: Name

Relation to you: Relation to you:

Address: Address:

Tel: Tel:

Email: Email:

#### Declaration

As part of any recruitment process, Windmill Hill City Farm Ltd (WHCF) collects and processes personal data relating to applicants. The organisation is committed to being transparent about how it collects and uses that data and to meeting its data protection obligations, compliant with GDPR regulations. If your application is successful, personal data gathered during the recruitment process will be transferred to your work placement file (electronic and paper based) and retained during your time at the Farm. The periods for which your data will be held will be provided to you in the Volunteer Privacy Notice.

We will not share your data with third parties, unless your application is successful. We will then share your data with your nominated referees to obtain references. In addition, whilst respecting people’s confidentiality, if Windmill Hill City Farm workers feel sufficiently concerned for the health and safety of individuals, they may contact relevant agencies on your behalf. We always aim to do this with your consent but there may be circumstances in which this is not possible. We may also request risk assessments or additional information from your references on your behalf.

For further information regarding our recruitment and data protection policies please go to <https://www.windmillhillcityfarm.org.uk/about-us/policies-and-procedures/> GN11 and Volunteer Privacy Notice.

**Please sign and date this application if you agree to the terms written above:**

**Signature …………………………………………………………… Date……………………………………………..**

Thank you for your application; please return this form to

Health & Social Care Team, Windmill Hill City Farm, Philip Street, Bedminster, Bristol BS3 4EA.

# Equalities Monitoring Form

**Equal Opportunities Monitoring**

Windmill Hill City Farm is committed to equal opportunities for all, regardless of race, colour, creed, ethnic or national origins, gender, marital status, sexuality, disability or age. Please help us monitor the implementation of our policy by completing the following form. All information is treated with the strictest confidence and will only be used for statistical monitoring. When we receive your form, we will detach it from your booking form and file it anonymously.

**Gender**

Are you: Male  Female  Gender Fluid/Non-binary /Other

Prefer not to say

**Is your gender identity the same as assigned to you at birth**  Yes  No

Prefer not to say

**Sexual Orientation** Bisexual  Lesbian  Gay  Heterosexual  Other  Prefer not to say

**Ethnic Origin**

Choose ONE section from A to E and then tick the appropriate box to indicate your cultural background. These are the categories developed by the Commission for Racial Equality.

**(a) Asian or Asian British**

Bangladeshi

Chinese

Indian

Pakistani

Any other Asian background

**(b) Black or Black British**

African

Caribbean

Somali

Any other Black background

**(c) Other ethnic group**

Arab

Iranian

Iraqi

Kurdish

Turkish

**(d) Mixed/multiple ethnic group**

White and Asian

White and Black African

White and Black Caribbean

Any other mixed background

**(e) White**

British

Eastern European

Gypsy

Irish

Scottish or Irish Traveller

Roma

Any other White background

**Prefer not to say**

Any other ethnic group

**Disability**

Do you consider yourself to have a disability: Yes No

Are you registered as disabled: Yes No

**Age**

16-24  25-49  50-64  65-74  75+  Prefer not to say

**Religion**

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

None

Don’t know/not sure

Other faith/religion or belief

Prefer not to say