Application Form

Who you are:

First name: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Preferred name: _

Surname: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Gender: _

Date of birth: _ _ _ _ /_ _ _ _ /_ _ _ _ Age: _ _ _ _ Address: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

_ _

_ Postcode: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Landline 'phone: _ Mobile 'phone: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Email: _

Please indicate your cultural background by ticking one of the options below:

- ☐ White British
- ☐ White Irish
- ☐ Other white background please indicate:
- ☐ White & Black Caribbean
- ☐ White & Black African
- ☐ White & Asian
- ☐ Other mixed background please indicate:
- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Other Asian background please indicate:
- ☐ Caribbean
- ☐ African
- ☐ Other Black background please indicate:
- ☐ Chinese
- ☐ Roma
- ☐ Traveller
- ☐ Any other please indicate
- ☐ Do not wish to disclose

What you do:

Are you at **school**? Yes/No

If yes, which one? _

Criminal offences:

Have you ever been cautioned for, or convicted of, a criminal offence? Yes/No

If yes, please give details: _

_ _

About your health:

Have you ever had, or do you currently have, any of the following?
Please tick as appropriate and give details.

- ☐ Asthma or bronchitis
- ☐ Fits, fainting or blackouts
- ☐ Diabetes
- ☐ Travel Sickness
- ☐ Heart condition
- ☐ Severe headaches
- ☐ Epilepsy
- ☐ Dyslexia
- ☐ Known allergies to any medication (please give details): _
- ☐ Any other allergies eg: food etc (please give details): _

- Have you been vaccinated against **Tetanus** in the last ten years? Yes/No
- Are you receiving **medical treatment**? Yes/No

If yes please give details: _

- Is there anything we need to know about your health if you are involved in an emergency? Yes/No

If yes please give details: _

- Please state below any special dietary requirements you may have:

_ _

- Do you have a **physical disability**? Yes/No

If yes please give details: _

- Do you have a **learning disability**? Yes/No

If yes please give details: _

- Do you have a **long-term or life-limiting illness**? Yes/No

If yes please give details: _

- Do you have mental health problems? Yes/No

If yes please give details: _

Next of kin:

(ie: parent, support worker, guardian or partner)

Name: _

Relationship to volunteer: _

Address: _

_ Postcode: _

Landline 'phone: _ Mobile 'phone: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Consent:

By signing below you agree to the following:

- That the volunteer may travel in a fully insured car or minibus as part of their volunteering.
- In the event of illness or accident I consent to the necessary medical treatment.
- That images of the person named on this form may be used for publicity purposes (ie: leaflets, newspaper articles, displays, video, dvd etc).
- That images of the person named on this form may be used on Solent Youth Action's website.
- Information about the person on this form may be stored on computer in accordance with data protection laws, and a request may be submitted to view the file at any time.
- Information about the person on this form may be shared with other organisations if relevant to their volunteering.

Signature of Parent/Guardian: ______________________________________

Date: ______________________________

☐ Please tick this box if you DO NOT consent to images of the person named on this form to be used in publicity or on Solent Youth Action's website.