**Bereavement volunteer application form**

**(1:1 bereavement volunteer/counsellor, 1:1 volunteer support worker or group volunteer)**

**Strictly confidential**

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| **Position applying for:**  1:1 bereavement volunteer/counsellor\* 1:1 volunteer support worker\*\*  Bereavement group volunteer  \*1:1 bereavement volunteers/counsellors are either qualified counsellors or working towards qualification  \*\*1:1 volunteer support workers are experienced with children in another capacity e.g. youth worker, SENCO etc. | |
| **Contact details** | |
| Mr/Mrs/Miss/Ms/Dr/Other (please specify)  Name: | Email address: |
| Home address:  Postcode: | Mobile number: |
| Alternative number: |
| Date of application: | |

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| **Education, training and qualifications (most recent first. Continue on separate sheet if necessary)** | | | |
| School. College or university | Dates | Qualifications gained | Grade |
|  |  |  |  |

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| **Other relevant training courses (most recent first)** | | |
| Organising body | Course title | Length of course |
|  |  |  |

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| --- | --- | --- | --- | --- |
| **Employment history (most recent first)** | | | | |
| **Job title** | **Name and address of employer (including postcode)** | **Main duties responsibilities** | **Dates (month/year)** | |
| **From** | **To** |
|  |  |  |  |  |
|  |  |  |  |  |
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| **How and where did you hear about us:** |
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| **What has motivated you to become a volunteer:** |
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| **Please tell us about any experience you have had regarding working with children, young people and/or families:** |
|  |
| **Tell us what personal or professional qualities you feel you could bring to this role:** |
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| **Are you working towards a relevant professional qualification e.g., counselling, play therapy or teaching. If so, please give details:** |
|  |
| **Have you had any previous voluntary experience? If so, please give details:** |
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| **Tell us a bit about yourself including interests and hobbies:** |
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| **Do you have any experience offering support over Zoom, telephone or similar? If so, please give details:** |
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| **Please indicate your availability to carry out your volunteer hours (1:1 require a minimum of one half day per week, group can be flexible):** | | | | | | |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| Morning |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |

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| **Please provide the names and contact details of two people who you have known for some time (not relatives) and are willing to act as referees. One must be from a place of study/work/organisation where you have studied, worked or volunteered. Following your interview, if accepted as a volunteer, references will be taken up.** | | |
|  | **Referee 1** | **Referee 2** |
| Name |  |  |
| Job title |  |  |
| Address |  |  |
| Phone number |  |  |
| Email address |  |  |
| Relationship to you |  |  |
| How long have you known this person? |  |  |

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| **If my application is unsuccessful for working with children and families, I am interested in other non-clinical volunteer roles\***? **(circle)**  \*e.g. collection box volunteer, volunteer ambassador, volunteer administrator | Yes/No |

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| **I am happy to receive the bi-monthly fundraising, events, news, and volunteering newsletter by email and understand that I can unsubscribe at any time (circle)** | Yes/No |

**Declaration of Criminal Record**

As a charity we have a duty to protect the children and young people that we work with. Therefore, all paid and voluntary roles are exempt from the Rehabilitation of Offenders Act 1974. All convictions both spent and unspent, must be disclosed. It should be noted that criminal convictions will only be taken into account when they are relevant to the type of work you will be undertaking. Your declarations will be treated in strict confidence and will be considered only in relation to this application. You will be considered on merit and ability and not discriminated against. As a charity we carry out Disclosure and Barring service checks (DBS).

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| **Have you ever been convicted of a criminal offence, cautioned, reprimanded, or given a final warning by the police, or do you have any court cases pending? (circle)** | Yes/No |
| **If yes, please give details:** | |
| **Is there anything else of this nature that you feel we would want to know, or that you ought to tell us about?** | |

**Data protection**

All information will be held by Children’s Bereavement Centre in adherence with the Data Protection Guidelines. We will use your personal information collected on this form to process your application. Details of your name and role may be made available to other volunteers and employees within the charity to enable us to work effectively together. Private information such as your home address, date of birth, criminal convictions will be kept strictly confidential and only used to comply with laws and statutory duties.

We promise your personal information will only be used by the Children’s Bereavement Centre and not passed on to other organisations. You are entitled to see information we hold on you.

I do NOT want us to pass on your information to different departments of our organisation e.g. fundraising

**Confidentiality**

Whilst working with our charity as a volunteer you may see and hear things of a confidential nature. Volunteers are required to sign a confidentiality agreement not to divulge confidential information about the charity or its service users.

**Policies and Procedures**

Volunteers are expected to make themselves aware of all relevant policies and procedures detailed in the volunteer handbook which will be distributed at training.

**Health and Safety**

All volunteers are subject to an induction and training period on relevant Health and Safety procedures.

**Commitment (1:1 volunteer only)**

If you are successful and offered training, it is a requirement of the charity that you commit a minimum of 4 hours per week and 12 months of volunteering.

If you are not accepted as a volunteer, no reason will be given, and you will be informed by letter/email.

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| **Signed:** | **Date:** |

**Please return this form to:**

Anna Maggs (PA to CEO)

The Children’s Bereavement Centre

3 Kings Road

Newark

Nottinghamshire

NG24 1EW

Or email: [anna@childrensbereavementcentre.co.uk](mailto:anna@childrensbereavementcentre.co.uk)