COVID-19 TESTING TEAM  
DECLARATION OF INTEREST FORM

**Part 1 – The volunteer role you are applying for**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| |  | | --- | | **Role title** | |  | | **School** | |  | |

**Part 2 – Personal information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **Forename Surname** | | |  |  | | **Address and postcode** | | |  | | | **Telephone number Mobile number** | | |  |  | | **Email address** | | |  | | | **Date of birth** | | |  | | |

**Part 3 – Availability**

|  |  |  |
| --- | --- | --- |
| |  | | --- | | **What days and times would best suit you and how often would you be able to volunteer?** | |  | |

**Part 4 – References**

If you have not previously worked or volunteered for the school/trust, please provide details of **two people** who you have known for **at least two years** that we can ask for references.

REFEREE 1

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | **Full name** | |  | | **Address** | |  | | **Contact number** | |  | | **Email address** | |  | | **Occupation** | |  | | **How do you know this person?** | |  | | **When did you last have contact with this person?** | |  | |

REFEREE 2

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | **Full name** | |  | | **Address** | |  | | **Contact number** | |  | | **Email address** | |  | | **Occupation** | |  | | **How do you know this person?** | |  | | **When did you last have contact with this person?** | |  | |

**Part 5 – Support and health needs**

|  |  |  |
| --- | --- | --- |
| **Do you have any disabilities, health needs or extra support needs that we should be aware of when organising your volunteering?**  Yes  No   |  | | --- | | **If yes, please provide details to help us plan your volunteering** | |  | |

**Part 6 – Emergency contact**

Please provide details of somebody we may contact in the event of an emergency.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **Full name** | | |  | | | **Address and postcode** | | |  | | | **Telephone number Mobile number** | | |  |  | | **How do you know this person?** | | |  | | |

**Part 7 – Declaration**

As a Multi-Academy Trust, we have a duty to protect the children and young people with whom we work. The volunteer role you have applied for will impact on what information you are required to disclose under the Rehabilitation of Offenders act 1974 and/or the Childcare Act 2006. For the volunteer role you have applied for, please declare any criminal conviction as follows:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Have you ever been convicted if a criminal offence or cautioned, reprimanded or given a final warning by the police (‘spent’ or ‘unspent’)?**  YesNo  **Are you disqualified from working with children or vulnerable/protected adults?**  YesNo  **Are you aware of any police enquiries following allegations made against you, which may have a bearing on your suitability for the role?**  YesNo  **If yes, please provide details of all offences, sentences and dates on a separate sheet of paper, in a sealed envelope, marked confidential, for the attention of HR.**  **I understand that the relevant checks for the role I am applying for will be sought.**  YesNo  **Are you registered with the Disclosure and Barring Service (DBS) update service?**  YesNo   |  | | --- | | **If yes, please provide your DBS certificate number** | |  |   **I understand and agree that data contained in this application form will be used for volunteer recruitment purposes.**  **I confirm that the information I have given is correct and complete and that any false statements or omissions may result in my services to be terminated.**   |  |  | | --- | --- | | **Signed Date** | | |  |  | | **Print name** | | |  | | |