

Destination Dreams Volunteer Application

Thank you for considering giving your time to transform the lives of disabled children.



1. Your details

Surname	<input type="text"/>	First Name(s)	<input type="text"/>
Address	<input type="text"/>		
<input type="text"/>	Postcode	<input type="text"/>	
Tel No.	<input type="text"/>	Mobile No.	<input type="text"/>
Email	<input type="text"/>		
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Gender	<input type="text"/>

2. Next of kin - in case of emergency

Full Name	<input type="text"/>	Relationship	<input type="text"/>
Address	<input type="text"/>		
<input type="text"/>	Postcode	<input type="text"/>	
Tel No.	<input type="text"/>	Mobile No.	<input type="text"/>

3. Employment status

3a. Please specify your employment status

- | | | |
|---|--|--|
| <input type="checkbox"/> Employed Full Time | <input type="checkbox"/> Other | <input type="checkbox"/> Unemployed and not seeking work due to long term sickness |
| <input type="checkbox"/> Employed Part Time | <input type="checkbox"/> School | <input type="checkbox"/> Unemployed and seeking work |
| <input type="checkbox"/> Further Education | <input type="checkbox"/> Self Employed | |
| <input type="checkbox"/> Higher Education | <input type="checkbox"/> Retired | |

3b. Current employer (if employed)

Name of employer	<input type="text"/>
Job Title	<input type="text"/>

4. About me

4a. Qualifications and experience (Please continue on another sheet if necessary)



Have you been a volunteer before, if yes please state for which charities or organisations?

4b. Why do you want to volunteer on Destination Dreams? (Please continue on another sheet if necessary)



Please read the guidance notes

4c. Please outline your skills and experience (Please continue on another sheet if necessary)



Please refer to the role description

4d. Where did you hear about Caudwell Children?



5. Safeguarding

5a. Our commitment

Caudwell Children is committed to safeguarding and promoting the welfare of vulnerable groups including children, young people and adults and expects all staff and volunteers to share this commitment. Disclosure and Barring checks will be undertaken according to the responsibilities of the role.

5b. Disclosure and Barring Service (DBS) checks

All eligible posts involving work with vulnerable groups, including children, will require a Disclosure and Barring Service (DBS) check. Within Caudwell Children this is any volunteering post classed as regulated activity, e.g Destination Dreams, Short Break Activities, Family Support and Hospital Service volunteers.

Having a criminal record will not necessarily bar you from volunteering with us. This will depend on the nature of the position and the circumstance and background of your offences. Under the Rehabilitation of Offenders Act 1974, you only have to declare unspent convictions. However, if the post for which you are applying is one which is an exception under this Act and is eligible, we will ask anyone volunteering for an up to date criminal record check from the DBS which may provide information about convictions, cautions, reprimands and final warnings which might otherwise be regarded as spent.

5c. Self disclosure of criminal record information

Criminal record information is dealt with in accordance with the Disclosure & Barring Service Code of Practice. If you have lived, studied or worked overseas in the last five years for a period or three months or longer you will be required to obtain a Certificate of Good Repute (also referred to as a Statement of Good Conduct) from the national embassy of the country/countries you have resided in to verify that you did not receive any convictions whilst living there. The cost of this would be met by the volunteer.

Your answer to the following question should include any 'spent' convictions.

Have you ever been convicted of a criminal offence? Yes No

If the answer to the question is Yes please provide details of offences, penalties, dates and the country in which they occurred, or of allegations made against you, in a sealed enveloped marked private and confidential with your name, the volunteer role and attach this to your completed application form.

6. Referees

6a. First reference

Full Name	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/>		
<input type="text"/>	Tel No.	<input type="text"/>	

6b. Second reference

Full Name	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/>		
<input type="text"/>	Tel No.	<input type="text"/>	

Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Destination Dreams Volunteer Personal Details

If you are successfully selected for the Destination Dreams programme, Caudwell Children will use the information below. This information is not part of the selection procedure.

Personal Details

What name do you prefer to be known by?



If selected, what size clothing would you require?

Small

Medium

Large

Extra Large

Do you have any dietary requirements for in-flight meals? (e.g. vegan, halal, nut allergy)



Do you have travel insurance?

Yes

No

Thank you for considering giving your time to transform the lives of disabled children.

Giving your time can make a huge difference to the lives of others. Volunteering is the most effective and rewarding way to get involved and make a real change to everyday lives.

If you have any queries, or would like more information about our Destination Dreams programme please contact our volunteering team on **01782 600 443** or by e-mailing **volunteer@caudwellchildren.com**.

To apply please return the application and medical form to:
**Caudwell Children, Minton Hollins Building, Shelton Old Road,
Stoke-on-Trent, ST4 7RY.**

Good luck!

 **0345 300 1348**

 caudwellchildren.com

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destination
dreams
Giving children a chance to live a dream


caudwell
children
Changing Children's Lives