|  |  |
| --- | --- |
| Post Applied For: | **Volunteer Community First Responder** |

**Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Title: |  | Forename: |  |
| Surname: |  | Known as: |  |
| Date of Birth |  | Age  |  |

|  |  |
| --- | --- |
| Full Address: |  |
|  |  |
|  |  |
|  |  | Postcode: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Tel No: |  | Mobile: |  |
| Email: |  |

|  |  |  |
| --- | --- | --- |
| Emergency Contact Name | Relationship | Contact Number |
|  |  |  |
|  |  |  |

**Driving Licence Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you hold a current full driving licence & have access to a car? | Yes |  | No |  |
| Please outline the nature of any driving convictions or offences: |
|  |

**References**

Your referee should include your present (or most recent) employer. Please identify a second referee who may have closer knowledge of your skills, knowledge and abilities and would be willing to offer an opinion on your suitability for volunteering. This must NOT be a current member of the scheme. The person should be in no way related to you and have known you for at least two years.

|  |  |
| --- | --- |
| Referee 1 | Referee 2 |
| Occupation: | Occupation: |
| Address: | Address: |
| Telephone No: | Telephone No: |
| Email:  | Email:  |
| Capacity in which known: | Capacity in which known: |
| How long have they known you? | How long have they known you? |

**General**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever worked for a UK or ROI Ambulance Service?  | Yes |  | No |  |
| If yes, please give details including role and dates: |
|  |

**Non-UK/Ireland Nationals**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you require a permit to volunteer in the UK? | Yes |  | No |  |
| Are you eligible to work in the UK? | Yes |  | No |  |

**Convictions**

Under the Rehabilitation of Offenders (Northern Ireland) Order 1978, those applying to work or volunteer in “regulated activity” with vulnerable groups, including children, must declare any convictions even when convictions are considered spent.

An AccessNI check will be carried out. Dalriada Urgent Care adheres to the AccessNI Code of Practice, which is available at:- [**AccessNI Code of Practice (nidirect.gov.uk)**](https://www.nidirect.gov.uk/sites/default/files/2021-11/accessni-code-of-practice.pdf)

As per the AccessNI Code of Practice, our written policy on the Secure Handling, Use, Storage and Retention of Disclosure information is available on our website:- [www.dalriadacare.org](http://www.dalriadacare.org) / Working For Us section / Community First Responder Handbook.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is there any reason why you cannot work in regulated activity? | Yes |  | No |  |
| Do you have any convictions that are not ‘protected’ (as defined by the Rehabilitation of Offenders (Exceptions) (Northern Ireland) Order 1979, as amended in 2014? | Yes |  | No |  |
| If yes, please outline dates and nature of offences: |
|  |

**It should be noted that disclosure of a conviction does not necessarily debar any applicant from obtaining a role within the First Responder Scheme. Our written policy on the Recrutiment of Ex-Offenders can be found at:-** [**www.dalriadacare.org**](http://www.dalriadacare.org) **/ Working For Us section / Community First Responder Handbook.**

**Qualifications and Training**

No previous qualifications and training are required for the role of Volunteer Community First Responder.

|  |
| --- |
| Please provide details, including dates, of any relevant qualifications and training you believe would assist you in the role of Volunteer Community First Responder. |
|  |

**Supporting Information**

|  |
| --- |
| Please explain why you want to be a Volunteer Community First Responder: |
|  |

|  |
| --- |
| What do you believe you could bring to the role of Volunteer Community First Responder?  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you live within the geographical area covered? | Yes |  | No |  |
| Do you work within the geographical area covered? | Yes |  | No |  |

**Declaration**

|  |
| --- |
| * I have completed this application form and the details I have provided are to the best of my knowledge true and complete.
* I understand that if my application is accepted, this form will be kept as part of my confidential volunteer file.
* I authorise the scheme to obtain references and AccessNI checks in support of my application and share the AccessNI reference number with the NIAS.
* I consent to my details being kept confidentially and used for specific and lawful purposes.
* I declare that I have no previous convictions that I have not already declared above.
* I authorise the scheme to share my contact details with the NIAS, Scheme co-ordinators and Scheme Governing body.
 |
| Signed: | Date: |

Please return this completed form to:

\*CFR Scheme postal/email address.

**APPLICATION MONITORING QUESTIONNAIRE**

**PRIVATE AND CONFIDENTIAL**

**REF NO:**

**Equal Opportunities Monitoring Information**

SCCFRS positively welcomes volunteer applications from all sections of the community and is committed to being an equal opportunities organisation.

We ask you to provide us with as much of this information as you feel comfortable giving. The categories used have been selected because they conform with information gathered in the 2001 census and therefore enable us to compare the mix of applicants for opportunities with local populations.

The information provided below will be separated from your application before short listing and will be used for monitoring purposes only. It will not influence the selection process.

It is not compulsory for you to answer the questions below. However we would stress that it is a criminal offence under the legislation for a person to give false information in connection with the preparation of monitoring returns.

|  |  |
| --- | --- |
| **Volunteer Position applied for**  |  |
| **Date of birth (DD/MM/YYYY)**   |
| **Age Group** |
| [ ] 16- 24 | [ ]  25-34 | [ ]  35-44 | [ ]  45-54 | [ ]  55-64 | [ ] 65 + | [ ]  Do not wish  to state |
|  |
| **Gender** |  |
| [ ]  Male | [ ]  Female | [ ]  Other [ ]   | Do not wish to state |  |  |
|  |
| **Ethnic group** |
| ***White*** |
| [ ]  British | [ ]  Irish | [ ]  Any other white background  *Please specify*  |
| ***Mixed*** |
| **[ ]** White & Black Caribbean | **[ ]** White & Black African | **[ ]** White & Asian | [ ]  Any other mixed background*Please specify*  |
| ***Asian or Asian British*** |
| **[ ]** Indian | **[ ]** Pakistani | **[ ]**  Bangladeshi | [ ]  Any other Asian background *Please specify*  |
| ***Black or Black British*** |
| [ ]  Caribbean | [ ]  African | [ ]  Any other Black background  *Please specify*  |
| ***Chinese*** |
| [ ]  Chinese |
| ***Other Ethnic Group*** |
| [ ]  *Please specify*  |
| ***Do not wish to state*** |
| [ ]   |
|  |
|  **Religion or belief?**  |
| [ ]  None | [ ]  Buddhist | [ ]  Christian | [ ]  Hindu | [ ]  Jewish |
| [ ]  Muslim | [ ]  Sikh | [ ]  Any other religion or belief *Please specify*  |
| [ ]  Do not wish state |  |
|  |
| **Sexual Orientation** |
| **[ ]** Bisexual | **[ ]** Heterosexual | **[ ]**  Lesbian/gay | [ ]  Other [ ]  Do not  wish to state  |

|  |
| --- |
| **Marital status** |
| **[ ]** Married | **[ ]** Single | **[ ]** Divorced/ Separated  | [ ]  Widowed [ ]  Other |

Under the disability Discrimination Act 1995 a person is considered to have a disability if he/she has a physical or mental impairment which has a long-term effect on his/her ability to carry out normal day to day activities. If YES please state the nature of or effects of your disability.

Do you consider that you meet this definition of disability? Please circle Yes / No