

References

Reference 1

Name:

Address:

Postcode

Telephone

E-mail:

Reference 2

Name:

Address:

Postcode

Telephone

E-mail:

Are you willing for this referee to be approached prior to the interview?

Yes

No

Are you willing for this referee to be approached prior to the interview?

Yes

No

I Understand that if my application is accepted then I must comply with the Code of Practice and constitution of Radio Ysbyty Glan Clwyd. The first three months will be treated as a Probationary period.

All applications are subject to a Disclosure and Barring Service (DBS)

The following applies where a volunteer may come into direct contact with patients.

Because of the nature of the work concerned, such posts are exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974. (See Exemptions Order 1975).

You are not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act.

Non-disclosure relating to any criminal record (whether spent or otherwise) may result in you being removed from the voluntary register.

Any such information given will be completely confidential and will be considered only in relation to your application for voluntary work.

I confirm that the information given in this application is correct.

Signed _____ Dated _____

REHABILITATION OF OFFENDERS ACT 1974

The following applies where a volunteer may come into direct contact with patients.

Because of the nature of the work concerned, such posts are exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974. (See Exemptions Order 1975).

You are not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act.

Non-disclosure relating to any criminal record (whether spent or otherwise) may result in you being removed from the voluntary register.

Any such information given will be completely confidential and will be considered only in relation to your application for voluntary work.

DO YOU ADMIT TO HAVING ANY OF THE FOLLOWING?

Bind-over Orders	Please enter YES or NO	
Cautions	Please enter YES or NO	
Convictions	Please enter YES or NO	
Do you have prosecutions for criminal offences pending?	Please enter YES or NO	

If **YES**, please provide below details of convictions and cautions, and pending prosecutions, convictions, cautions and bind-over orders, including approximate date, the offence, and the court or police force which dealt with the offence.

Enter details:

NOTE: Please read the following declaration and complete the details requested below

DECLARATION:

I understand that the Rehabilitation of Offenders Act 1974 does not apply to the post for which I have applied and that all bind-over orders, cautions and convictions must be disclosed, including those which may otherwise be considered to be 'spent'. I understand that failure to disclose any aspect of a previous criminal record could result in my removal from the voluntary register.

NAME:

SIGNATURE:

DATE OF BIRTH:

If you return this form electronically (without signature) you are deemed to have accepted the above declaration.