

**Community Health Champion Application Form**

**Personal Details**

|  |  |
| --- | --- |
| Full Name: |  |
| Title: (Mr, Mrs, Miss, Ms, etc.) |  |
| Address: |  |
| Home Telephone Number: |  |
| Mobile Telephone Number: |  |
| Email Address: |  |
| Date of Birth: |  |
| Please indicate your Ethnic Origin: |  |
| Do you have any specific needs that need to be taken into account: |  |

**Current Occupation -** Current occupation (paid or unpaid) and all previous occupations over the 5 years

|  |  |
| --- | --- |
| Occupation | Dates |
|  |  |
|  |  |
|  |  |
|  |  |

**Additional Information**

|  |
| --- |
| Why are you interested in this particular role? What do you want to gain from the experience? |

|  |
| --- |
| State how you think your skills and experience would be of help to you as a volunteer in this role? |

**Criminal Convictions**

Note: A criminal conviction will not automatically disqualify you. Please give details of any criminal convictions, or cautions/ reprimands/ warnings/ fixed penalty notice which, you have had and any appearance pending (this is an excepted question under the Rehabilitation of Offenders Act 1974 and you therefore must give details of all convictions whether spent or unspent under that Act).

|  |  |  |  |
| --- | --- | --- | --- |
| Offence | Penalty or order of court | Court | Date of conviction |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Referees**

Give details of two people who may be asked about your ability to act as a volunteer. Your referees must not be relatives, you must have known them for at least two years; for example, a current/previous employer, neighbour or volunteer associate.

**Reference 1**

|  |  |
| --- | --- |
| Title: |  |
| Name: |  |
| Address: |  |
| Telephone Number: |  |
| Position Held: |  |
| Context in which known to you: |  |

**Reference 2**

|  |  |
| --- | --- |
| Title: |  |
| Name: |  |
| Address: |  |
| Telephone Number: |  |
| Position Held: |  |
| Context in which known to you: |  |

I have obtained consent from the above named individual to supply their contact details for the purpose of providing a reference to support my application to volunteer (Please tick) I understand that OWBC will contact the above named referees in accordance with Safer Volunteer Recruitment best practice and the relevant legislation  (Please tick).

**Emergency Contact Details**

|  |  |
| --- | --- |
| Contact Name: |  |
| Contact Number: |  |
| Relationship to you: |  |

I have obtained consent from the above named individual to supply their contact details and that in the event of an accident or emergency during my volunteering they may be contacted  (Please tick)

**Medical Information**

|  |
| --- |
| Please supply any further information you feel might be helpful in the event of an emergency e.g. Regular medication taken, allergies, injuries, health conditions etc. |

**Declaration**

“I certify that the information given is true and complete to the best of my knowledge and belief.”

I agree to Oadby and Wigston Borough Council processing my personal data, as well as my sensitive personal data for the purpose of processing my application; for equal opportunities monitoring; for purposes of my volunteering; for administrative purposes and for the purpose of complying with applicable laws, regulations and procedures. This will include holding this data electronically on the Volunteering Database.

I agree to carry out all duties outlined above in accordance with all Council Policies and procedures outlined on the role description.

We will contact you periodically to confirm that you still wish your data to be held and to check for any changes. You can ask to be removed from the database at any time by contacting the Council’s Customer Service Centre on Leicester (0116) 288 8961 or email: [csc@oadby-wigston.gov.uk](mailto:csc@oadby-wigston.gov.uk)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete and return this form to the address/email address below as soon as possible:

Volunteer Coordinator

Oadby and Wigston Borough Council

Council Offices

Bushloe House

Station Road

Wigston

LE18 2DR

Email: volunteering@oadby-wigston.gov.uk