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| 1. **Contact details** | | | |
| Title: | Forenames(s): | | Surname: |
| Address: | | Date of Birth: | |
| Telephone: | |
| Postcode: | | Mobile: | |
| Email Address: | | | |

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| 1. **Emergency Contact Details** | | | |
| Title: | Forename(s): | | Surname: |
| Address: | | Telephone Number: | |
| Postcode: | | Mobile Number: | |
| Relationship to Person: | | Work Number: | |
| *If you would like to add further Emergency Contact information, please use a separate piece of paper.* | | | |

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| 1. **Volunteering & You** | |
| **How did you hear about Befriending Caithness?** | |
| Poster  Leaflet  Local Newspaper  Our Website  Social Media  Local Radio  Word of Mouth  Other | |
| If ‘Other’, please elaborate: | |
| Are you new to volunteering? | Yes  No |
| If no, what volunteering are you doing/have you done in the past? | |
| **Which of the following are you hoping to achieve by volunteering with Befriending Caithness?** | |
| Meet New People  Increase Confidence  Use Spare Time Well  Improve My Health  Help me into paid work/learning  Help Learn New Skills  Help My Community  Share Interests with Others  Make a Difference  Other | |
| If ‘Other’, please elaborate: | |

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| **Which one of these best describes your situation?** |
| Full-time Employment  Part-time Employment  Self Employed  School  Further Education/Training  Carer  Stay-at-home Parent  Retired  Other |
| If ‘Other’, please elaborate: |
| **What interests/hobbies do you have?**  ***I.E: Sewing; Sports; Music; TV/Films; News/Politics; Gardening; Reading; Cycling, Knitting/Crochet;***  ***Holidays/Travel; Animals; Clubs; Walking; Food/Cooking; Puzzles; Work etc.*** |
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| **Why would you like to become a Befriender?** |
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| **What qualities, skills or experience do you think you could bring to your role as a Befriender?** |
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| **Physical & Mental Health** | | |
| Do you live with or have lived with the following: | | |
| Anxiety  Physical Violence  Verbal Abuse  Mood  Confusion  Forgetfulness  Suspiciousness  Behaviour (Distress/Angry)  Communication Difficulties  Dependency (Smoking, Alcohol, Illicit Drugs) | | |
| If any of the above boxes are ticked, please elaborate: | | |
| **Medical Support** | | |
| Do you currently receive on-going medical support?  (E.g. GP, CMHN, District Nurse, other Health Professionals? | | Yes  No  Not Known |
| Please provide details of any Health Professionals: | | |
| Name: | Organisation & Role: | |
| Address: | Telephone No: | |
| Postcode: | | |
| ***Please Note****: We may need to contact Health Professionals to obtain further information subject to consent.* | | |
| **Physical Health** | | |
| Please tick any of the below boxes that is relevant to the person being referred: | | |
| Diabetes  CVA  COPD  Epilepsy  Disabled  Mobility Issues  Hearing Impairment  Parkinson’s  Muscle Skeletal Difficulties  Visual Impairment  MS  Wheelchair User  Other | | |
| If any of the above boxes are ticked, please elaborate: | | |

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| **Consent** | |
| I confirm that that I have given consent to Befriending Caithness to contact the relevant Health Professionals for further information: | Yes  No |
| Applicant Signature: | Date: |
| Co-ordinator Signature | Date: |

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| 1. **Commitment** | |
| **Training**  Befrienders are required to attend a Training and Induction Day, the training day usually lasts one day (approximately 10am-4pm). In addition to the Training & Induction Day, there is a requirement that you also attend the following training when available:   * First Aid * Dementia Awareness * Stroke Awareness   **Match**  Once you are matched with a Befriendee, we request that you commit to a minimum of 6 months Befriending. Visits/outings normally take place weekly for approximately 1 hour, but flexibility can be agreed.  **Other**  As a Befriender we also ask that you attend regular Support Meetings (reviews) with one of our Co-ordinators, (an initial 4 week review and thereafter every 6 months), attend our Volunteer Meetings, once every quarter (4 meetings throughout the year) and submit Monthly Report Forms to the office. | |
| Can you agree to this level of commitment? | Yes  No |

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| 1. **references/identification** | | | |
| Please provide details of three referee’s who will be able to comment on your suitability to volunteer with Befriending Caithness. One referee should come from a formal setting (e.g. Work, Study, Voluntary Work) and two from a personal or less formal individuals (e.g. friend, neighbour) who has known you for at least 2 years.  Preferably the two personal referee’s should know you from different settings. Unfortunately we cannot accept references from a relative.  As part of the PVG Disclosure procedure we will also require to view 3 forms of ID (e.g. Passport, Driving License, Birth Certificate, Utility Bill). | | | |
| **First Referee** | | | |
| Title: | Forename(s): | | Surname: |
| Address: | | Telephone Number: | |
| Postcode: | | Relationship:  (e.g. employer, friend) | |
| Email Address: | | | |
| **SEcond Referee** | | | |
| Title: | Forename(s): | | Surname: |
| Address: | | Telephone Number: | |
| Postcode: | | Relationship:  (e.g. employer, friend) | |
| Email Address: | | | |

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| **THIRD Referee** | | | |
| Title: | Forename(s): | | Surname: |
| Address: | | Telephone Number: | |
| Postcode: | | Relationship:  (e.g. employer, friend) | |
| Email Address: | | | |

***\*References can be emailed into the office\****

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| 1. **Disclosure checks** | |
| As Befriending Caithness works with vulnerable people, all volunteers are subject to a PVG in regulated work with adults. | |
| Would you like more information regarding the disclosure process? | Yes  No |

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| 1. **transport** | |
| All volunteer’s mileage expenses are reimbursed by Befriending Caithness at 0.40p per mile.  If you intend to use your car to take an older person out, could we ask that you provide us with a photocopy of your insurance policy, driver’s license, MOT certificate and Tax. This information will be kept on file and updated every year. | |
| Are you willing to use your car for Befriending outings? (one-one outings/lunches/groups) | Yes  No |

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| 1. **matching** | |
| The success of a good Befriending relationship is down to the quality of the match. Every match is different and we focus on the individual needs of the person being referred before matching them up to a volunteer. Using the information gained through this application form and the Training and Induction Programme, the Befriending Co-ordinator will acquire an understanding as to your likes and dislikes, your character and what hobbies and interests you may have.  As we are a service aimed at helping older isolated adults we can receive referrals for people suffering from dementia or other health related illnesses. For those volunteers who are interested in befriending adults with additional health problems, we will offer them the necessary awareness training. | |
| Would additional awareness training interest you? | Yes  No  Unsure |
| Can you give a brief description of the type of Befriendee you would like? (male/female etc) |  |

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| 1. **self-declaration (enhanced level)** |
| The post that you have applied for is for a prescribed purpose and is therefore exempt from the Rehabilitation of Offenders Act 1974. You are therefore required to disclose all convictions (spent and unspent), cautions and any relevant non-conviction information.  Please give details regarding any convictions and cautions under the heading Section 1.  Please give details of any relevant non-convictional information in Section 2.  If you have no convictions, cautions or relevant non-conviction information please go to Section 3 and sign the declaration form.  Should you be appointed for the position, Volunteer Befriender, you will be asked to complete an enhanced disclosure (PVG). |

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| **Section 1** |
| **Please give the date and details of the conviction(s) that you were charged with, the sentence that you received and the court where your conviction(s) was heard.** |
|  |
| **Please give details of the reasons and circumstances that lead to your offence(s):** |
|  |
| **Please give details of how you completed the sentence imposed. For example, did you pay your fine as required, what conditions were attached to your probations, community service, supervised attendance order, did you comply with the requirements of your order/custodial sentence.** |
|  |
| **Has any other organisation(s) supported you to work through any of the above issues?** |
|  |
| **What have you learned from your experience?** |
|  |
| **Section 2** |
| **Please provide details of any non-convictions:** |
|  |

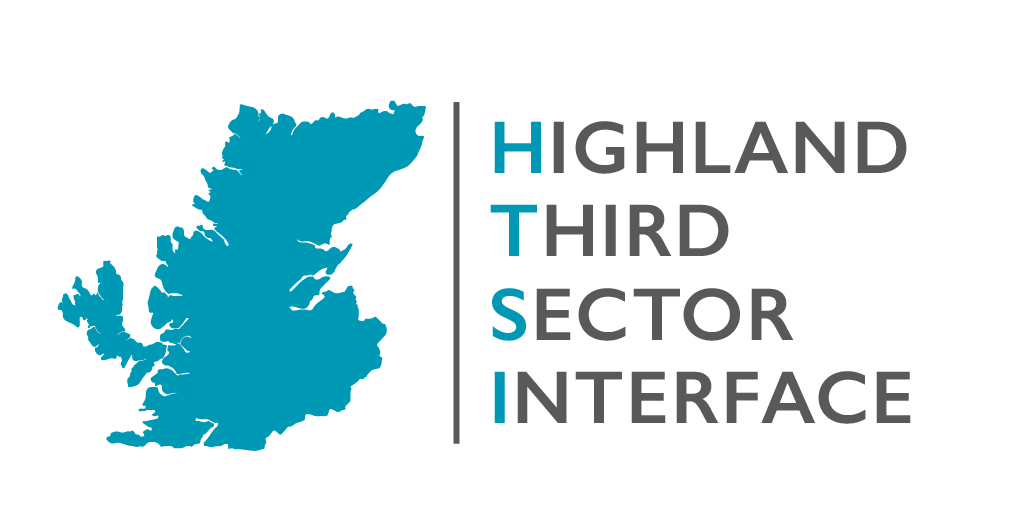
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| **Section 3** | |
| I certify that all the information contained in this Application/Interview form is true and correct to the best of my knowledge and realise that false information or missions may lead to dismissal from the service. | |
| Signature: | Date: |

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| 1. **DATA PROTECTION** | |
| The information you have provided will help us to ensure Befriending is for you and allow us to monitor the quality of our service. Your personal details will not be given to anyone without your express permission, unless it is necessary to do so to comply with Law or Police Investigations. Information about your postcode, gender, ethnicity, status, disability may be disclosed to, for example, our funders, but will be presented in statistical form only and will not, in any way, identify you. All information will be held on our database and used in accordance with the Data Protection Act 1998.  Befriending Caithness is part of Caithness Voluntary Group and as such we require your consent to allow us to store your personal details in our database and paper files. You have the right to see your files at any time by arrangement with our Data controller; CVG Senior Development Officer.  Your Information may be stored and shared with one of our services: Befriending Caithness, Caithness Rural Transport and Volunteering. The aim of sharing information is to make sure you are receiving the support that you need.  In signing below, you are agreeing that we will not share your information with any third party unless there is a legal cause to do so. | |
| Consent is given for the sharing/storing of information: | Yes  No |
| Consent is given for use of any photos in literature/reports/social media, press compiled by Caithness Voluntary Group: | Yes  No |
| Can you please confirm there will be no recordings or sharing through any form of personal media, i.e. CCTV and mobile phone footage of anything related to Befriending Caithness visits: | Yes  No |
| I do not want you to share information about or with: | |

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| 1. **SIGNATURE** | |
| I confirm that the information provided in this Application Form is accurate and agree that you can hold and share information as indicated above (Section 10): | Yes  No |
| Signature: | Date: |

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| 1. **Returning Completed Form** |
| Please send all completed forms to our address noted below or via email to a member of staff below, upon receiving the referral form we aim to make contact within a month:  [Elspeth@cvg.org.uk](mailto:Elspeth@cvg.org.uk) / [Richard@cvg.org.uk](mailto:Richard@cvg.org.uk) / [Kayleigh@cvg.org.uk](mailto:Kayleigh@cvg.org.uk)  **Office Address**: Befriending Caithness, The Argyle Suite, The Pulteney Centre, Huddart Street, Wick, KW1 5BA  **Staff Mobile Numbers:** Elspeth: 07592 493 045  Richard: 07592 493 048  Kayleigh: 07821 297 512 |





Befriending Caithness is a project run by Caithness Voluntary Group

Company No: SC150015 Charity No: SC002484

Registered Office: The Argyle Suite, The Pulteney Centre, Huddart Street, Wick, KW1 5BA

**EQUAL OPPORTUNITIES**

To assist Befriending Caithness to collect data for our funders, we would appreciate   
it if you would complete the following form.

Please tick the appropriate boxes where applicable:

|  |  |
| --- | --- |
| **Gender:** | Male  Female  Trans Gender |
| **Age Range:** | 40-45  46-50  51-55  56-60  61-65  66-70  71-75  76-80  81-85  86-90  91-95  96-100  100+ |
| **Martial Status:** | Single  Married  Divorced  Civil Partnership  Other |
| **Nationality:** |  |
| **Ethnic Origin:** | **White**  Scottish  English  Welsh  Irish  Other |
| **Asian**  Indian  Pakistani  Bangladeshi  Other  Please Specify: |
| **Black/Black British**  Caribbean  African  Other |
| **Mixed**  White & Black Caribbean  White & Black African  White & Asian  Other |
| **Mixed**  White & Black Caribbean  White & Black African  White & Asian  Other |
| **Other Ethnic Groups**  Chinese  Arab  Other  Please Specify: |
| Prefer not to Disclose |
| **Religion or Belief:** | Christian  Buddhist  Hindu  Jewish  Muslim  Sikh  Spiritual  None  Prefer not to disclose  Other  Please Specify: |
| **Sexual Orientation:** | Heterosexual  Bi-sexual  Gay  Lesbian  Prefer not to disclose  Other |