**Registration Form for Volunteers at St Benedict’s Catholic Primary School**

We take safeguarding very seriously and we are particularly careful to enquire into the background of individuals who have access to pupils at the school.

St Benedict’s keeps a record of all persons who carry out voluntary work at the school.

Please indicate whether you are completing this form to register as (please tick all that apply):

A classroom assistant/Reader:

A parent helper on trips:

A sports coach:

A driver to take children to events:

You are asked to complete the details below and return the form to the school.

|  |  |
| --- | --- |
| Title (Mrs/Miss/Ms/Mr) |  |
| First name |  |
| Surname |  |
| Any previous Name(s) |  |
| Date of Birth |  |
| Address Telephone No |  |
| Have you lived abroad anytime in the last 5 years?  | Yes No If yes, please give details overleaf. |
| Email Address |  |

­­­­­­­­­Please give a brief statement about your reasons for wanting to volunteer at St Benedict’s

|  |
| --- |
|  |

**Relevant Experience: e.g. Education, Training, Employment or Voluntary Work.**

Please list relevant experience here:

**References**:

In accordance with ‘Keeping Children Safe in Education’, we ask Volunteers to give names and addresses of two referees who can vouch for your suitability to work with children.

 **First Referee**

|  |  |
| --- | --- |
| Full Name: |  |
| Full Address:  |  |
| Tel No:  |  |
| Job Title:  |  |
| What is their relationship with you?  |  |

**Second Referee**

|  |  |
| --- | --- |
| Full Name: |  |
| Full Address:  |  |
| Tel No:  |  |
| Job Title:  |  |
| What is their relationship with you?  |  |

**DBS check:**

I understand that prior to undertaking any work at St Benedict’s a criminal records check will be carried out and a Disclosure and Barring and Barred List check will be applied for and this form being held by the school as a record that appropriate checks have been carried out.

Yes No

Please note that it is a criminal offence for anyone who has been barred from working with children to apply to work OR volunteer with children.

We will not hesitate to contact the relevant authorities if there is a threat of harm to children in our care.

We will consider your application in regard to the role of voluntary classroom assistant. We will apply for the DBS check and contact your referees. We will contact you when all the information has been gathered and a decision has been made.

In the meantime, please read the Volunteer agreement information and the policies on our website in the volunteer and visitor section.

Full name:

Signature :

Date :

**Office use only:**

DBS clearance date:

Reference checks received date: ref 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ref 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed visitor agreement received:

Headteacher’s signature:

Date: