



Queenswell Schools
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Application Form for Volunteers

You will appreciate that we must be particularly careful to enquire into the background of individuals who have access to pupils at the school. The school keeps a record of all persons who carry out voluntary work at the school. You are asked, therefore to complete the details below and return it to the school. In accordance with Keeping Children Safe in Education, we ask Volunteers to give names and addresses of two 'professional' referees. Please provide these below. You will also need a current Enhanced Disclosure and Barring check. If you do not have one the school can obtain one for you at a cost of £60. All safeguarding checks must be completed before you will be able to start volunteering.

Title:	(Mrs/Miss/Ms/Mr/Dr)	Surname:	
Previous Name(s):		Date of Birth:	
Forename(s):		Telephone No:	
Address:		Have you lived abroad anytime in the last 5 years? If " yes" please give details overleaf.	Yes or No
Do you have a current DBS? Yes/No If yes please give details	Certificate Number: _____ Issue Date: _____	Type of DBS (please tick)	Basic <input type="checkbox"/> Enhanced <input type="checkbox"/> Enhanced with Barred List <input type="checkbox"/>
Email Address			
Do you have a child currently at this school?	Yes or No If Yes, please provide your child's name and year group	Name:	Year Group:

Please give us details as to why you would like to volunteer at Queenswell Schools:

Please give us basic details of what activities you would like to volunteer for:

e.g. general classroom help, hearing readers or something more specific

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Please provide details of when can you volunteer. Please be specific about days and times:

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Please provide us details of any relevant experience you may have had: e.g. Education, Training, Employment or Voluntary Work.

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I would be willing to volunteer in these year groups:

Nursery, Reception, Year 1, Year 2, Year 3, Year 4, Year 5, Year 6, All Year Groups Please circle
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Please provide details of two professional referees who can comment on your suitability to work with children are required.

First Referee:

Full Name:		Job Title	
Address:		Tel no:	
Email Address:		Relationship to applicant:	

Second Referee:

Full Name:		Job Title	
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Address:		Tel no:	
Email Address:		Relationship to applicant:	

Signed: _____ Date: _____