



## Charity Work

Please detail all current or previous charity involvement:

## Employment Details

Current or Last Employer:

Company:

Address:

Dates:

Job Title:

Duties:

Hours:

Previous Employer:

Company:

Address:

Dates:

Job Title:

Duties:

Hours:

Volunteers are required to provide two recent employment-based referees, on offer of a volunteer position? Please tick to confirm:

## Relevant Medical Details

**Emergency Contact name:**

Relationship:

Contact Number:

**Doctor's Name:**

Surgery Name:

Telephone Number:

The work can be very active and involves bending and lifting. In particular, lifting and handling animals and heavy items such as bags of feed and bedding materials and cleaning cages at different heights are intrinsic functions of the role for which you have applied.

Please indicate below whether you have any medical condition(s) which may prevent you from carrying out these intrinsic functions, e.g. bad back.

Please also indicate if you consider that there are any reasonable adjustments which could be made to allow you to carry out these intrinsic functions, notwithstanding your medical condition(s).

Medical Condition:

Reasonable Adjustments Required:

Tetanus is a serious bacterial infection that can be spread by animal bites. Accordingly, and given that working in close proximity to and handling animals is an intrinsic function of the role for which you have applied, it is very important that your tetanus vaccination (which lasts for ten years) is up to date. Please confirm below whether this is the case.

Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Last Vaccination: \_\_\_\_\_

The work involves working with lots of different species of animals, handling feed and bedding materials such as hay and straw and cleaning cages with appropriate chemical substances; all of which are intrinsic functions for the role. Latex gloves are also usually worn by our staff.

Please indicate below whether you have any medical condition or any phobia or allergies that may be relevant to this position.

Please also indicate if you consider that there are any reasonable adjustments which could be made to allow you to carry out these intrinsic functions, notwithstanding your medical condition, phobia or allergy.

Medical Condition/Phobia/Allergy:

Reasonable Adjustments Required:

## Leisure Time

Hobbies/leisure interests

Do you support Hunting / shooting / falconry?

How did you come to hear about Tiggywinkles?

Any other information you would like to give that you feel is relevant to this voluntary position

### Declaration of Criminal Convictions

The nature of the work for which you are applying will bring you into direct contact with children and young people, therefore this post will require a DBS check and once an applicant has been short listed we will ask:-

Do you have any convictions, cautions, reprimands or final warnings that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013). You will be supplied with a confidential self-disclosure form if you are shortlisted.

The amendments to the exceptions order 1975 (2013) provide that certain spent convictions and cautions are “protected” and are not subject to disclosure to employers, and cannot be taken into account.

Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website.

I am aware that Volunteers are required to complete an Enhanced DBS Check and Safeguarding Training before starting this role. Please tick to confirm:

I declare to the best of my knowledge and belief, all particulars I have given in all parts of this application form are complete and true. I understand that any false declaration or misleading statement or a significant omission may disqualify me from volunteering and render me liable to dismissal. I understand that any role offer is subject to professional references, and also criminal convictions check if this is required, all of which must be deemed by the organisation as satisfactory.

Signed:

Date:

The information on this form will be stored on the Tiggywinkles database to be used only by Personnel, Team Leaders and Nursing staff. Please tick this box if you do not give your consent

**Please complete this form and email (preferably) or post to:**

**Mrs Helen Harvey,  
Tiggywinkles,  
Aston Road, Haddenham,  
Bucks HP17 8AF**

**[helen@tiggywinkles.org](mailto:helen@tiggywinkles.org)**

Tel : 01844 292 292  
**[www.tiggywinkles.com](http://www.tiggywinkles.com)**



***Help Us Help Them***

<b>Office Use Only</b>		
Date Received	Date of Initial Contact	
<b>Start Date:</b>	<b>Area:</b>	
<b>Process</b>	<b>Date Completed</b>	<b>Completed By</b>
Informed Team Leader of Start Date		
Personnel Database updated		
Induction paperwork received		
Finish Date		
Personnel Database updated		