Version 1

December 2015





This form is aimed to assist in the collecting of information regarding adults over 18 years of age, who are looking to join Adventurers MK as helpers and volunteers.

Your personal data will be stored to support your registration process and your current and potential future involvement in Adventurers MK. It is also kept for monitoring purposes. Some information is considered sensitive personal data under the Data Protection Act 1998 and as such will be managed as required under the act.

Please complete in block capitals.

Title

Surname

Previous Surname

Forename

Date of Birth

Gender M F

Known as

Nationality

**Ethnicity** (please tick appropriate box; recorded for statistical purposes)

This Ethnicity and Religious information is requested by Adventurers MK to help in monitoring its membership. The data will help the Organisation in understanding the makeup of the membership; monitoring progress against its inclusivity objective, and prioritising development work, and will identify and help Leaders meet any specific needs of individuals.

White

English/Welsh/Scottish/Northern Irish/British

Irish

Gypsy or Irish Traveller Other White background

Mixed/multiple ethnic groups

White and Black Caribbean White and Black African

White Asian Any other mixed/multi ethnic background

Asian/Asian British

Indian Pakistani

Bangladeshi Chinese

Black/African/Caribbean/Black British

African Caribbean

Other ethnic group

Arab Other

**Religion or Faith** (please tick as appropriate; recorded for statistical purposes)

Buddhist Christian (all denominations) Catholic

Hindu Jewish Muslim

Sikh No Religion Other

**Contact Information**

Address

Postcode

Email Address

Home Phone Mobile

**Occupational Information**

**Social Media username (Facebook, Twitter, Google+)**

**Qualifications and Skills** Please list the qualifications and skills you are able to bring to Adventurers MK.

Hobbies and Interests Please list any hobbies or interests that you may wish to share within Adventurers MK.

**Role Applied for**

**Emergency Contact Information**

Forename

Surname

Relationship

Address

Postcode

Email Address

Home Phone Mobile

**Medical Details**

Doctor

Surgery

Address

Phone Number

**Medical Information**

**Additional needs/Disabilities** (please tick those as necessary and provide details)

Developmental – ADHD/ADD, Autistic Spectrum Disorder, Dyslexia, Dyspraxia, Other

Injury – Body, Brain

Learning - Spina Bifida, Down’s Syndrome, Other

Medical – Allergies, Arthritis, Asthma, Diabetes, Epilepsy, ME/Chronic Fatigue, Other

Mental Health – Bipolar, Depression, Eating Disorder, self-harm, Other

Progressive – Muscular Dystrophy, Other

Sensory – Hearing, Vision, Other

**Other Please state**

## Declarations:

### Applicant Declaration

Please note, by signing this form you will, as appropriate, accept, confirm and declare all the matters under this section. If you do not agree with any one of the items below, do not sign this form. For advice, please contact your line manager on 07747716453 or email info@adventurersmk.com

1. **Acceptance of Adventurers MK values and Association rules**

By signing this application, I confirm that I:

1. accept the values of Adventurers MK as set out in the Purpose and Values.
2. accept and understand that the aim of the Child Protection Policy is to safeguard the welfare of all Members by protecting them from neglect and from physical, sexual and emotional harm;
3. am prepared to make the Adventurers MK Promise (where appropriate);
4. agree not to promote any beliefs, behaviours or practices that are not compatible with the values of Adventurers MK;
5. agree to abide by the policies and rules of The Adventurers MK
6. accept that Adventurers MK is a uniformed organisation
7. accept the requirement to undertake the appropriate learning and/or training within the timescale as laid down by The Adventurers MK
8. am subject to a Criminal Record Disclosure check.
9. **Data Protection**

As a registered Data Controller, The Adventurers MK is committed to the Data Principles of the Data Protection Act 1998.

By signing this application, I agree to The Adventurers MK during and beyond my Membership or involvement with the organisation:

1. Retaining my personal data to facilitate any present or potential future involvement with Adventurers MK;
2. Retaining personal data regarding my religion, special needs/disabilities, ethnicity, medical information and/or commission of offences or alleged offences
3. Carrying out checks into my suitability to carry out a role in Adventurers MK, including obtaining references and a criminal record check (if relevant).
4. **Trustee Declaration**

Note: this declaration only applies to you if your role requires you to be a Charity Trustee. This includes:

* Chairmen, Secretaries and Treasurers of Executive Committees
* Group Leaders , Assistant Group Leaders
* Section Leaders, who opt to be on the Group Executive Committee (but not Assistant Section Leaders or Section Assistants)
* Nominated, Elected and Co-opted Members of Executive Committee.

By signing this form I declare that I:

1. have not been convicted at any time of an offence involving dishonesty or deception (please note, you do not have to declare any conviction here which is regarded as ‘spent’); and
2. am not an un-discharged bankrupt; and
3. am not disqualified from being a Company Director; and
4. have not failed to make payments under County Court Administration Orders; and
5. have not at any time been removed by the Charity Commission or by the court in England or Wales from being a Trustee due to misconduct.

**Signature**

**Print**

Should you require any support with the completion of this form, you can contact your Line Manager on

**07747716453**

or by email [info@adventurersmk.com](mailto:info@adventurersmk.com)

Please add details of two people to act as referees who are known to you and who can be contacted by email. The referees should preferably have knowledge of your work or contact with young people, and should be able to comment on your character and relationships with others. At least one referee should have known you for at least five years and one of the referees must not be from Adventurers MK. Referees must not be relatives. Examples of referees include your employer, college tutor etc.

**First Reference Information**

Forename

Surname

Relationship

Address

Postcode

Email Address

Phone Mobile

**Second Reference Information**

Forename

Surname

Relationship

Address

Postcode

Email Address

Phone Mobile