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| **Drum Riding for the Disabled** Volunteer Application Form |

**APPLICATION FORM FOR A NEW VOLUNTEER FOR DRUM RIDING FOR THE DISABLED, EDINBURGH.**

*All information provided on this form will remain strictly confidential, for use by relevant RDA personnel only, in compliance with the statutory requirements of the Data Protection Act 2018. It will be used to help us to understand any specific needs you may have and to support you. We will also use this information to contact you in relation to your activities with RDA – this may include sending you important information about your involvement in your RDA Group, or any other activities you may take part in within the RDA.*

**Please complete in BLOCK CAPITALS**

**YOUR DETAILS**

First name, Surname ................................................................................ Any previous names by which you have been known:- ............................................................................... Address...................................................................................................................................................... .................................................................................Post Code ........................................................

Landline ...........................................................

Mobile ..............................................................

Email …………………………………………………………………………………….

Date of Birth.............................. ...........

**Please circle which session/s you wish to attend** *(please refer to the website for opening hours)*

Tues am Tues pm

Wed am Wed pm

Thurs am Thurs pm

Fri am

Sat am

**Emergency Contact Name** ..........................................

**Relationship to you**  ..........................................

**Emergency Contact Number** ........................................

**Emergency Contact Email** ...........................................

By ticking this box I confirm I have consent of the individual listed above to be contacted in the case of any emergency during the course of RDA activities.

**SPECIFIC INFORMATION ABOUT YOU** **Experience with:**

Horses/Ponies

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People with Additional Needs (eg: physical disabilities, learning disabilities, Autism)

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.................................................................................. ..................................................................................

Other skills/professional qualifications which may help us

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Please let us know of any condition(s) that we may need to consider when placing you as a volunteer (eg: medical conditions, impairments, specific needs, accessibility requirementsuirements, allergies etc.)

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**REFERENCES**

W**e require two references to support your application. These individuals should not be related to you, should have known you for at least 2 years and should be someone you know in a professional capacity where possible)**

**1st Reference**

Forename, Surname

..................................................................................

Any previous names by which you have been known:-

..............................................................................

Address........................................................................ ................................................................................

.................................................................................. ...........Post Code ........................................................

Phone Number ...........................................................

Email ..............................................................

**I am happy to recommend the applicant whom I have known for ........ years, as an RDA volunteer**

Signature ...................................................

Date ............................................

**2nd Reference**

Forename, Surname

..................................................................................

Any previous names by which you have been known:-

..............................................................................

Address........................................................................ ................................................................................

.................................................................................. ...........Post Code ........................................................

Phone Number ...........................................................

Email ..............................................................

**I am happy to recommend the applicant whom I have known for ........ years, as an RDA volunteer**

Signature ...................................................

Date ............................................

**DECLARATIONS**

Have you ever been convicted of a criminal offence or been the subject of a caution, a ‘bound over order’ or a ‘civil action’ involving physical or sexual abuse or violence? **YES / NO** (please delete whichever is not applicable) If **YES,** please give details:

Have you ever been subject to any disciplinary actions or sanctions relating to child abuse, sexual offences or violence?

**YES / NO** (please delete whichever is not applicable) If **YES,** please give details:

You are required to self-certify that you are not known to any Social Services as being an actual or potential risk to children and that you have not been disqualified or prohibited from fostering children or had rights or powers in respect of any child vested in or assumed by a local authority, or had a child ordered to be removed from your care. As part of the checking procedures, you are advised that the Group reserves the right to make reference to the Local Authority Social Services Department and Police Records to verify information given on this form, when it is submitted or at any time in the future. It is the Group’s policy to make random police checks and to take up all references.

NB: It is the duty of all Group personnel, coaches and volunteers to report any conviction involving children.

**I consent to an enhanced Disclosure and Barring Service check being made, will abide by Groups policies and procedures and confirm that the information provided on this form is correct. I accept that failure to disclose information or subsequent failure to conform to the Group’s Vulnerable Persons Protection Procedures may result in possible disciplinary action.**

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| * I wish to apply to join an RDA Group as a volunteer and confirm that all details given on this form are true and accurate, to the best of my knowledge. * I confirm that I will notify RDA immediately if any of the details or information provided on this form should change in any way * I recognise that this activity involves risk, and that I, the volunteer, must take all reasonable precautions and follow all advice properly given, at all times. * I confirm that I will adhere to the RDA Codes of Conduct * I understand that horses and ponies, by nature, are unpredictable and as such they may react to a situation or to the local environment in such a way that the volunteer may be knocked by accident.   **In the absence of any negligence on the part of the RDA Group or RDA UK, I fully understand and accept that no liability will attach to either party.**   * **I consent to an enhanced disclosure check being made (if applicable), will abide by the group’s policies and procedures and confirm that the information provided on this form is correct. I accept that failure to disclose information or subsequent failure to conform to the group’s Safeguarding Policies & Procedures may result in possible disciplinary action.** Candidates are required to disclose any unspent convictions or cautions and any spent convictions for offences included in Schedule A1, ‘Offences which must always be disclosed’ of the Rehabilitation of Offenders Act (Exclusions and Exceptions) (Scotland) Amendment Order 2105. Candidates are not required to disclose spent convictions for offences included in Schedule B1, ‘Offences which are to be disclosed subject to rules’ until such time as they are included in a higher level disclosure issued by Disclosure Scotland.   As part of the checking procedures, you are advised that the Group reserves the right to make reference to the Local Authority Social Services Department and Police Records to verify information given on this form, when it is submitted or at any time in the future.  NB: It is the duty of all Group personnel, Coaches and Volunteers to report any conviction involving children. | | | | | |
| **PHOTOGRAPHS/ VIDEOS**  📷📱 | I give my consent to photographs or videos of me being taken during RDA activities for training and/or publicity (including, but not limited to, websites, social media, newsletters and marketing materials for the RDA Group and RDA UK). I give this consent understanding that these images will not be given to a third party without my explicit consent | **YES** |  | **NO** |  |
| **SIGNATURE** | ……………………………………………………………………………………………………………………………………………………………  **VOLUNTEER / PARENT / GUARDIAN / CARER**  *(please delete as appropriate)* | **DATE** | |  | |

**RDA Group Use only**

Date Application Received:

Is application approved or declined? (delete as applicable) APPROVED / DECLINED

Is approval subject to a trial period? Y / N

If Yes - Review Date:

Drum RDA 155 Drum Street, Drum Estate, Gilmerton Edinburgh

EH17 8RX 0131 664 5803

Manager: Ena Gaffney

Charity No: SC005973

Riding for the Disabled Association Incorporating Carriage Driving (RDA) Registered

Company No 5010395 Registered Charity No 244108 Norfolk House, 1a Tournament Court, Edgehill Drive, Warwick, CV34 6LG