| Home-Start | is committed t | o safe recruitmen | t practice as | an important |
|------------------|------------------|---------------------------|---------------|--------------|
| part of safeguar | ding and protect | ting children and ι | /ulnerable a | dults |

Confidential

If you have difficulty completing this form, please ask the Home-Start organiser/coordinator for assistance.

| Name | | | |
|---|---------------------------------|---|--|
| Address including postcode | | | |
| If you have been at this address less than five years, please give previous address | | | |
| Home telephone no: Email address: | | Mobile telephone no.: | |
| Date of birth: | | Place of birth: | |
| Emergency Contact name and phone no | | | |
| minimum of two years (not a rela employer wherever possible; alte | tive) include rnatively, scl | ss of two referees that you have known for a at least one professional reference, (previous hool, college or other professional such as a o may be contacted by Home-Start. | |
| Please ask permission prior to | submitting | referees details and confirm full address. | |
| Referee 1 – time known this pers | on | Referee 2 - time known this person | |
| In what capacity? | | In what capacity? | |
| Name: | | Name: | |
| Address: | | Address: | |
| Postcode: Email: Telephone: | | Postcode: Email: Telephone: | |

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|------------------------|---|
| details of any paid er | a picture of your experience to date, in the first box please give unployment, in the second box details of any voluntary or unpair box details of gaps in employment with reasons e.g. career brea |

Please tell us about any paid employment, starting with most recent

to look after children or other dependants, travelling, training or education.

| Employer | Job title | From | То | Brief description of duties | Reason for leaving |
|----------|-----------|------|----|-----------------------------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Please tell us about any voluntary or unpaid work, starting with most recent

| Employer | Job title | From | То | Brief description of duties | Reason for leaving |
|----------|-----------|------|----|-----------------------------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Please tell us about gaps in your employment history, starting with the most recent

| From | То | Reason |
|------|----|--------|
| | | |
| | | |
| | | |
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| | | |
| | | |

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| | I | | |
|--|--------------------|---|--------|
| Do you speak any additional languages (including sign language) | | | |
| What is the maximum time you could offer to Home-Start as a volunteer on a regular weekly basis? | | | |
| (suggested 2 to 3 hours per week) | | | |
| Have you any commitments which could affect your work with Home-Start e.g. part-time work? | | | |
| What type of transport would you use? | | If car - do you have a current clean driving licence? | Yes/No |
| Please give information about your of Parent/step-parent/foster carer. Ple Output Description: | ase give ages of o | | |
| 2) What did/do you find enjoyable abou | ut parenting? | | |
| 3) What did/do you find challenging? | | | |
| | | | |

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| What are your hobbies and leisure interests? |
|--|
| |
| How did you hear of Home-Start? |
| Why would you like to become a Home-Start volunteer? |
| |
| |
| |
| Have you any skills or personal experiences which may be relevant to your work as a volunteer for Home-Start? (e.g. budgeting, cooking, DIY etc) |
| |
| |
| |
| |
| |
| Is there any other information you would like to add? |
| |
| |
| |
| |

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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.

For further information contact Disclosure Scotland at www.disclosurescotland.co.uk/

| Name: | |
|---|--------|
| Have you had any personal contact with Social Work Services in connection with children in your care? Have any of your children been place on a child protection register, subject of a supervision order, integrated/common assessment framework | Yes/No |
| Do you consider yourself to have a disability or health condition and if so what adjustments could Home-Start provide to enable you to volunteer? Please provide detail, continue on separate sheet if required. | Yes/No |
| Have you ever been dismissed from any paid or voluntary work? | Yes/No |
| Have you ever been arrested or had contact with the police for any type of criminal offence? | Yes/No |
| Are there any matters outstanding which may lead to a criminal prosecution? | Yes/No |
| If you answer yes to any question please give details: | |
| If you do not declare existing or spent cautions or convictions you may not be However, if you declare any of the above it may still be possible to become a | |
| I know of no reason why I would be unsuitable to be a Home-Start volunteer. I will report any changes in my circumstances which may affect my role* | Yes/No |

 $^{^{\}star}$ child/ren in care/criminal proceedings brought against me etc Updated Jan 2017

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|--|--|---|
| I give permission for Home-Sta | art, to carry out a PV | G check at enhanced level. |
| I understand that I will need to verification. | produce ID for identification | purposes including address |
| I understand that Home-Start is and on their computer, includisabilities that they will use for information and understand Assurance purposes. | uding sensitive information sor their monitoring purposes. | such as age, race, sex and I agree to them holding this |
| I understand that I may ask to | see my records at any time. | |
| Signed: | D | ate: |
| As you will be joining the Protections or cautions found important that you highlight a | will be passed onto to Home-S | StartTherefore it is |
| If something is highlighted on Following the meeting a decapplication. | | |
| If you have any concerns pleas | se discuss this further with | |
| *(optional extra section sug | gested by a scheme) | |
| For Office use only | | |
| Interview date | | |
| Reference requested | 1 (date) | 2 (date) |
| Reference received | 1 (date) | 2 (date) |
| PVG requested | Date received | No. |
| Prep course completed (date): | | |

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Safeguarding & promoting welfare of children code of conduct signed(date):

Info given, health & safety, personal safety(date):