

***PLEASE USE CAPITAL LETTERS***

**Your Volunteer Interest – Please tick as appropriate**

**Fourteen Locks  Ty-Coch Restoration  Trip Boat  Events**

**FULL NAME (INC. TITLE) \_\_\_\_\_**

**MALE  FEMALE**

**ANY PREVIOUS SURNAMES \_\_\_\_\_**

**DATE OF BIRTH: \_\_ / \_\_ / \_\_\_\_**

**NATIONAL INSURANCE NUMBER: \_\_\_\_\_**

**OCCUPATION: \_\_\_\_\_**

**MON & BREC CANAL TRUST MEMBER: YES / NO**

**MEMBERSHIP NUMBER: \_\_\_\_\_**

**ADDRESS (INC. POST CODE)**

\_\_\_\_\_

**E-MAIL \_\_\_\_\_**

**HOME TEL: \_\_\_\_\_**

**MOBILE: \_\_\_\_\_**

**HOW WOULD YOU PREFER TO BE CONTACTED? \_\_\_\_\_**

**WHO SHOULD WE CONTACT IN THE CASE OF AN EMERGENCY?**

**NAME: \_\_\_\_\_**

**RELATIONSHIP TO YOU: \_\_\_\_\_**

**HOME TEL: \_\_\_\_\_**

**WORK TEL: \_\_\_\_\_**

**MOB. TEL: \_\_\_\_\_**

**TO HELP ENSURE YOUR SAFETY**

**PLEASE NOTE ANY RELEVANT HEALTH DETAILS - (allergies, asthma etc.), any mental or physical difficulties and the sort of work / activities that these might prevent you from doing. To ensure that First Aiders are aware of relevant information please also inform us of any medication you are taking.**

RELEVANT HEALTH DETAILS / MEDICATION
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**DO YOU HOLD A FULL UK DRIVING LICENCE? YES / NO**

**DO YOU HAVE USE OF A CAR? YES / NO                      OCCASIONALLY**

<b>How did you find out about volunteering for the Monmouthshire, Brecon and Abergavenny Canals Trust?</b> <b>CANAL CENTRE / WEBSITE / OTHER - PLEASE INDICATE BELOW</b>
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<b>What experience or skills do you have that you think might be useful for the Monmouthshire, Brecon and Abergavenny Canals Trust? Please include experience of volunteering.</b>
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## **Referees**

**In some circumstances, e.g. where a lead volunteer has access to children, vulnerable adults, or money MBACT may request references. If requested please provide the names and addresses of two people who are not related to you or live in the same household that we may contact for references.**

### **REFEREE 1.**

**NAME (INC. TITLE):** \_\_\_\_\_

**ANY PREVIOUS SURNAMES:** \_\_\_\_\_

**ADDRESS (INC. POST CODE)**

\_\_\_\_\_

\_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**DAY TIME TELEPHONE NUMBER:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

### **REFEREE 2.**

**NAME (INC. TITLE):** \_\_\_\_\_

**ANY PREVIOUS SURNAMES:** \_\_\_\_\_

**ADDRESS (INC. POST CODE)**

\_\_\_\_\_

\_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**DAY TIME TELEPHONE NUMBER:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**PLEASE PROVIDE TWO FORMS OF IDENTITY AS PART OF YOUR VOLUNTEER REGISTRATION, EG. PASSPORT, DRIVING LICENCE ETC.**

## **CRIMINAL OFFENCES**

Please give details of any unspent criminal offences in accordance with the Rehabilitation of Offenders Act Order 1974 or the Rehabilitation of Offenders (Northern Ireland) Order 1978. Any information given will be held in confidence.

## **Consent for Record Checks and Declaration of Suitability**

Please tick as appropriate:

- I declare that I have disclosed all information requested. I understand that incomplete registrations will not be considered and that providing false information is grounds for immediate disqualification from the role, or even immediate removal from the role if the falsehood is discovered after the appointment.
- I authorise MBACT to request references from the referees provided. I understand that any information received about my background from referees, including details of any convictions, will be dealt with confidentially and not used to discriminate against me unfairly.
- During my volunteering I understand I may be working with material that is not public knowledge and I will ensure this material remains confidential. Insurance for personal effects ( e.g. optical equipment etc) is my responsibility.

I am happy to volunteer

Signed: \_\_\_\_\_

**Monmouthshire, Brecon and  
Abergavenny Canals Trust**

