



FOR OFFICE USE ONLY

Application form received (date) _____

Received by _____

Passed to Mentor (date) . _____

Original form passed to Admin. (date) _____

Entered on database (date) _____

NAME

Please tick session/sessions you will be attending.

Tuesday am	<input type="checkbox"/>	Tuesday pm	<input type="checkbox"/>	Wednesday am	<input type="checkbox"/>	Wednesday eve	<input type="checkbox"/>
Thursday am	<input type="checkbox"/>	Friday pm	<input type="checkbox"/>	Saturday am	<input type="checkbox"/>	Office/IT	<input type="checkbox"/>

Muirfield Riding Therapy will hold the information provided here securely. The information will be used only for the purposes of record keeping in accordance with the requirements of HMRC. We will not share the information with third parties (other than HMRC if required).

We may also contact you to provide information about our progress and fundraising activities. If you do not wish to be contacted in this way, please contact us at:

fundraising@muirfieldridingtherapy.org.uk

How did you hear about MRT? (Please choose only one from list below)

I am/or have been a MRT Rider	<input type="checkbox"/>		
MRT volunteer	<input type="checkbox"/>	MRT Website	<input type="checkbox"/>
MRT Publicity	<input type="checkbox"/>	Other Voluntary Organisation	<input type="checkbox"/>
Family/Friend	<input type="checkbox"/>	College/School	<input type="checkbox"/>
Newspaper	<input type="checkbox"/>	TV/Radio	<input type="checkbox"/>
Other (please specify)	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>		

APPLICATION FORM FOR A NEW VOLUNTEER AT A MEMBER GROUP IN SCOTLAND (PLEASE USE BLOCK CAPITALS AND RETURN TO GROUP ADDRESS)

To be completed by Group before being given to applicant	
GROUP NAME	Muirfield Riding Therapy
CHARITY NO	SC 028674
CONTACT NAME	Michelle Sutton
ADDRESS	Indoor Arena, West Fenton, North Berwick, EH39 5AL
EMAIL	personnel@muirfieldridingtherapy.org.uk
TEL NO	01620 842502



All the information you provide will enable us to contact you in relation to your volunteering activities with RDA. This may include sending you important information, which relate specifically to your volunteer role.

1 YOUR DETAILS

Full Name	Male	Female
Date of Birth	Age	
Address		
Email Address		
Telephone Number		
Mobile Number		

2 SPECIFIC INFORMATION ABOUT YOU

The information in this section will be used to help us learn a little more about you, understand your needs, and ensure we are able to place you in a suitable volunteering role at the group.

Equine experience

Experience volunteering/working with people with disabilities

Other skills and professional qualifications

Do you consider yourself to be disabled?

Is there any information that we may need to consider when placing you as a volunteer to ensure you have a positive experience? (Medical conditions, impairments, specific needs, accessibility requirements, allergies etc.)

3 EMERGENCY CONTACT DETAILS

If you become a volunteer with us it's important we know who to contact in case you are injured or become ill while volunteering.

Full Name
Relationship to you
Telephone Number

By ticking this box I confirm I have consent of the individual listed below to be contacted in the case of an emergency

4 REFERENCES

We request all volunteers provide two references to support their application. These people should not be related to you and should be someone you know in a professional capacity where possible.

It is our policy to take up all references.

Full Name
Address
Email
Phone

Full Name
Address
Email
Phone

5 DECLARATION

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 2015. 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.

By ticking this box I give consent to my photograph being taken during RDA activities for training and/or publicity (including websites, social media, newsletters and marketing materials for the group and RDA UK). I give this consent acknowledging the photos will not be given to a third party without my explicit consent.

If you are under 18 this form must also be signed by a parent or guardian.

The information provided on this form will only be used for the purposes stated above in relation to RDA volunteering activities.

Signature	Date
Signature	Date

RDA Group Use: Date Application Received:

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

APPLICATION REVIEW DATE (At least every 3 years):

Use of Images Consent Form

Volunteers

Muirfield Riding Therapy would like to confirm your consent for us to take and use images of **you, your child(ren)** or **vulnerable adult(s)** in your care whilst attending Muirfield Riding Therapy for the purposes of publicising the Charity and its organised events and activities.

Please complete the information below and confirm your consent.

You can grant consent to any or all of the purposes listed (please tick each box for which you grant consent). You can withdraw or change your consent at any time by contacting Muirfield Riding Therapy.

Use of Images of you – your consent

- I am an adult (18 years or over) and give Muirfield Riding Therapy consent to use images/video of me in the following ways; Muirfield Riding Therapy can:
- Or I am the parent of guardian of someone who is under 18 years old and give Muirfield Riding Therapy consent to use of images/video of them in the following ways;
- use images/video on their Facebook and Twitter pages
 - upload images on to the Muirfield Riding Therapy Website
 - use the images in its Welcome pack/Volunteer Handbook
 - use images in its advertising of the Charity, and its events/activities
 - Muirfield Riding Therapy can use images in its Press Releases/Media Publicity articles

Muirfield Riding Therapy can use my:

- Full name
- First name only

Muirfield Riding Therapy can use my:

- Town/City of residence
- County of residence
- Country of residence

Where applicable, Muirfield Riding Therapy can state my,

- Age. Please state age at present: _____ (MRT will not state ages for anyone under the age of 18)
- That I am an adult, over 18 years of age

By signing this form, I confirm that I am 18 years of age or older, or are signing as the parent/guardian of someone who is under 18 years old.

Your signature

Date

Self Declaration Form

PVG SCHEME:

In order to offer direct support to our riders, you will need to be a member of the PVG Scheme (to comply with The Protection of Vulnerable Groups (Scotland) Act 2007 and the Protection of Children Scotland Act (2003).

Do you already hold a PVG membership? (Please tick) This may relate to another organisation(s) where you are currently volunteering or have volunteered in the past.

Yes No

Have you completed a PVG application form in the past? (Please tick)

Yes No

Please read over this form and sign below.

I agree that the information recorded on this form and on the PVG self-disclosure form is true and accurate. I agree to the conditions described below on data use and storage (Data Protection Act 1998)

Signature:

Print Name:

Date:

If you are under 16 years old please ask your parent or guardian to sign below.

I give permission for my son/daughter to apply for membership of the PVG scheme.

Signature:

Print Name:

Date:

Self Declaration Form continued

Due to the nature of the voluntary work within MRT, everyone who applies to become an MRT volunteer is required to disclose all relevant charges, however long ago, wherever it (they) occurred. We will ask for membership of the PVG Scheme. The Protection of Vulnerable Groups (Scotland) Act 2007 (PVG Act) applies. (The voluntary roles in MRT are exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act. This means that you must tell us information about convictions, which for other purposes are spent under the provisions of this Act.)

Candidates are therefore 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 2015. 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.

MRT operates an equality approach, meaning we are fair, in our recruitment procedures. A conviction will not necessarily be a barrier to volunteering with us and any information you provide will be treated in the strictest confidence.

Section 1

Have you ever been convicted of a criminal offence, or received a caution? (Because of the nature of the work, this post is exempted from the Rehabilitation of Offenders Act 1974 and all convictions, both spent and unspent, must be disclosed.)

Yes **No**

If yes, please complete details as asked for below:-

a) Please give the date and details of the conviction(s) that you were charged with, the sentence that you received and the court where your conviction(s) was (were) heard.

b) To help us understand why this should not prevent you from being employed with or volunteering with MRT please give details of the reasons and circumstances that led to your offence(s).

c) Please give details of how you completed the sentence imposed, (for example did you pay your fine as required, what conditions were attached to your probation/community service/supervised attendance order, did you comply with the requirements of your order/custodial sentence, etc.)

Section 2

Non-conviction relevant information: (use an additional sheet if needed)

Section 3

Declaration:

I certify that all the information contained on this form is true and correct to the best of my knowledge and realise that false information or omission may lead to an offer of employment or volunteering being withdrawn or dismissal.

Name:

Signature:

Date:

Equal Opportunities

MRT would be grateful for your co-operation in completing this next section to help ensure that our equality and diversity policy is being carried out. Completion of this section is voluntary and if you do not complete it, it will not alter the treatment of your application. MRT aims to ensure its working practices do not place unnecessary barriers to involvement in our service. You will not be personally identified in any statistics.

Gender: Male Female Transgender

Date of Birth:

Do you consider yourself disabled? Yes No

Nature of impairment: Physical Hearing Visual Learning Mental Health

Other:

Ethnic origin:

These categories are based on the Census 2011 categories and recommended by the Commission for Racial Equality.

Asian, Asian British, Asian English, Asian Scottish, or Asian Welsh

- Asian / Asian British
- Bangladeshi
- Chinese
- Indian
- Pakistani
- Other Asian background (specify if you wish):

White

- British
- English
- Gypsy or Irish Traveller
- Irish
- Scottish
- Welsh
- Other White background (specify if you wish):

Black, Black British, Black English, Black Scottish, or Black Welsh

- African
- Caribbean
- Other Black background (specify if you wish):

Mixed

- White and Asian
- White and Black African
- White and Black Caribbean
- White and Chinese
- Other mixed background (specify if you wish):

Other ethnic group

- Arab
- Other ethnic group (specify if you wish)

Prefer not to say

In Employment

Unemployed

Retired

Student

Other

Are there any issues that might affect where you are placed as a volunteer, e.g. a health issue (Allergies, Asthma, etc.), or discomfort around animals, etc.?

Yes No

Please describe: