



FOR OFFICE USE ONLY

Application form received (date)

Received by

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"/>
Oreo	<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 GDPR. We will not share the information with third parties.

We may also contact you to provide information about our progress and fundraising activities.

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

I am/or have been an 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)			

Please return completed forms via email to: personnel@muirfieldridingtherapy.org.uk

VOLUNTEER APPLICATION FORM

Please make sure you fill in this form clearly, using **BLOCK CAPITALS**, and return it to the RDA Group address below

This section must be completed by the RDA Group, before the form is given to the volunteer	
GROUP NAME	Muirfield Riding Therapy
CHARITY NUMBER	SC 028674
GROUP CONTACT NAME	Michelle Sutton
CONTACT ADDRESS TO WHICH THE COMPLETED APPLICATION FORM SHOULD BE SENT	Indoor Arena, West Fenton, North Berwick, EH39 5AL Where possible: please return completed forms via email to: personnel@muirfieldridingtherapy.org.uk
CONTACT EMAIL ADDRESS	personnel@muirfieldridingtherapy.org.uk
CONTACT TELEPHONE NUMBER	01620 842502



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 RDA.

PART 1 – YOUR DETAILS (details of the volunteer) Please make sure you fill in this form clearly, using **BLOCK CAPITALS**

First Name: Middle Name/s: Last Name:

What name/ nickname do you like to be known by?:

Preferred Pronouns?:

Date of Birth: Age:

Sex: M / F / I identify in another way / Prefer not to say

If you are not fluent in English, which language/s do you use on a daily basis?:

Address:

Postcode:

Telephone Number:

Mobile Number:

Email Address:

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.

Please tell us if you have any previous experience with equines.

Please tell us about any experience volunteering/working with people with disabilities.

(Physical disabilities, learning disabilities, Autism)

Please tell us about any other skills and professional qualifications you may have which may help us.

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 above 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 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).

YES

NO

I give this consent understanding that these images will not be given to a third party without my explicit consent.

Signature	<input type="text"/>
Date	<input type="text"/>
VOLUNTEER / PARENT / GUARDIAN / CARER (please delete as appropriate)	

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

Name	<input type="text"/>
Relationship to volunteer	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
Telephone	<input type="text"/>
Mobile	<input type="text"/>

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

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:	Date:	
PRINT First Name:	Middle Name/s:	Last Name:

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:	Date:	
PRINT First Name:	Middle Name/s:	Last Name:

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

Circle as appropriate: 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: