

Volunteer Details Form

Legal Surname _____
 First Name _____
 Middle Name(s) _____
 Gender Male Female
 Home Address _____

 Postcode _____

Payroll Number _____
 National Ins Number _____
 Date of Birth ___ / ___ / ____
 Home Telephone _____
 Mobile Telephone _____
 Email Address _____
 Nationality _____
 Religion _____
 e.g. Catholic, Christian, Hindu, Jewish etc.

Teacher (GTC) No. _____
 Declared SWF Disability Yes/No/Do not wish to disclose

Start Date _____
 Role _____

(please tick)

<input type="checkbox"/>	White: British	<input type="checkbox"/>	Asian or Asian British: Pakistani
<input type="checkbox"/>	White: Irish	<input type="checkbox"/>	Asian or Asian British: Bangladeshi
<input type="checkbox"/>	Mixed: White and Asian	<input type="checkbox"/>	Any other ethnic group
<input type="checkbox"/>	Mixed: Other	<input type="checkbox"/>	Prefer not to say
Car Type and Make		_____	
Car Colour		_____	
Car Registration		_____	

First Language English Other (please state) _____ Prefer not to say
 Language Spoken at home English Other (please state) _____ Prefer not to say

Qualification

Attained

Subject

Please tick

Post-graduate Initial Teacher Qualification (eg.PGCE)	()	_____
Masters Degree	()	_____
Doctorate	()	_____
Bed or other first degree combined with teacher qualifications	()	_____
Other First Degree or equivalent	()	_____
Certificate in Education r equivalent	()	_____
Any other qualification at NVQ level 4 or equivalent	()	_____
Non-UK teaching qualification	()	_____

DBS Number	_____	DBS Date	_____
ID Checked by	_____	Date checked	_____
_____	_____	_____	_____
Passport Number	_____	Date checked	_____

Medical Details

Doctor's Name _____
 Medical Practice Name _____
 Practice Address _____
 Postcode _____
 Telephone Number _____
 Do you give permission for the school to call the doctor in an emergency? Yes No
 Do you give permission for the school to administer first aid in an emergency? Yes No

Please provide details of any medical conditions that the school should be aware of, and any emergency action that should be taken. (e.g. Asthma, Epilepsy, Allergies to bee stings, nuts or particular medicines etc.)

Emergency Contact Details

Priority	Title	First Name	Surname	Gender	Relationship
1					
Address				Email Address	
Postcode					
Home Phone		Mobile		Work Place	
				Main Phone number	

Priority	Title	First Name	Surname	Gender	Relationship
2					
Address				Email Address	
Postcode					
Home Phone		Mobile		Work Place	
				Main Phone number	

Signature..... Date

Data Protection Act 1998 – The School is collecting this data in order to meet its statutory responsibilities for the provision of education to children in accordance with the requirements of the Education Act 1996 and The School Standards and Framework Act 1998. Some of this data will be shared with the Local Authority and may be shared with other agencies that are involved in the health and welfare of school children.