Trentham

Trentham Leisure Limited Volunteer Application Form

Please use block capitals throughout, and tick appropriate boxes.

Date enquired:							
Personal details							
Name:				Preferred Title: Mr/Mrs/Miss/Ms			
Telephone:		N	Mobile:				
Date of birth:							
Email:							
Address:							
				Postcode:			
My work experience is:							
My relevant training and qualifications are:							
Are you associated with anyone that works for Trentham?							
Yes	No	Pref	Prefer not to say				
If yes, please specify:							
Which volunteering roles are you interested in?							
Gardening	Estate & Bioc	diversity	G	Garden Tour Guide			
Park Guide	Visitor Welco	ome	Ir	ntro Talk			
Other, please specify:							

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My reasons for volunteering are:							
	/ork experience Improve career prospects		Share skills				
	Boost confidence	Have fun	Meet new people				
	New challenges	Learn something new					
Oth	er, please specify:						
I am available to volunteer:							
	Mondays	Tuesdays	Wednesdays	Thursdays			
	Fridays	Saturdays	Sundays				
Other, please specify:							
Ho	w often are you avail	able to offer the above:					
	Every day	Once a week	Once a fortnight	Once a month			
	School holidays	Term time	Flexible				
Othe	er, please specify:						
Emergency contacts Please provide the details of two people so we can contact in the unlikely event of accident or illness while volunteering for Trentham. Emergency contact 1							
Nan	ne:	Relationship to you:					
Telephone:		Mobile:					
Emergency contact 2							
Name:		Relationship to you:					
Telephone: Mobile:		Mobile:					
Access requirements/health conditions Please let us know if you have any particular mobility requirements or health conditions (e.g. medication or allergies etc) that we should be aware of:							

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Please provide details of two referees who are over 18. One should be someone you know in a professional capacity, whilst the other can be a neighbour, friend or colleague. Reference 1 Name: Relationship to you: Address: Postcode: Telephone: Email: Reference 2 Relationship to you: Name: Address: Postcode: Telephone: Email: **Criminal record** Please let us know if you have any unspent criminal convictions and, if so, please provide details of the conviction:

References

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Personal information consent

We ask for personal information from job applicants to assist with our recruitment processes. Any information about you which is obtained by us during the application process (including any information obtained directly from you or from third parties) may be retained and used by us for the purposes of considering your suitability for employment, to take up your references, conduct appropriate checks and as otherwise reasonably required for the purposes of our business or applicable law.

We may disclose information we receive from you to our group companies and to departments other than the one to which you may have originally applied to work if we think it is appropriate to do so for the above purposes.

If your application is successful, and you subsequently become employed by us, the information will become part of your personnel file.

If we do not employ you, we may still retain for a reasonable period and use the information we hold relating to you to be able to consider your application again at a later date should a suitable position become available. If you would rather we do not do so, please let us know.

In accordance with applicable law, you are entitled to ask for a copy of the information that we hold about you and to ask us to correct any inaccuracies. Please contact HR if you would like to make such a request or if you have any questions.

You may also supply us with sensitive personal data relating to your racial or ethnic origin, gender, political opinions, religious or similar beliefs, trade union membership, physical or mental health, sexual life or criminal record which is gathered for equality of opportunity monitoring purposes, to assess suitability for particular job and to consider whether adjustments may need to be made to accommodate an applicant with a disability. The provision of such sensitive personal data by you is entirely voluntary. We may disclose your sensitive personal data to our group companies, insurer and medical advisors for these same purposes.

I consent to the processing of personal information (including sensitive personal data) as described above.

Name	э:
Date:	
Signa	uture:
Т	Tick box for electronic consent

Thank you for completing this form.

Please return this form to: Trentham Management Suite, Stone Road, Trentham, Staffordshire ST4 8AX