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LATER LIFE CHOICES GLENROTHES

**VOLUNTEER APPLICATION FORM**

**Thank you for your interest in volunteering with Later Life Choices Glenrothes.**

**Please contact us if you require assistance in filling out this form.**

Email: [info@laterlifechoicesglenrothes.org](mailto:info@laterlifechoicesglenrothes.org)

Tel: 01592 756316.

**VOLUNTEER ROLE APPLIED FOR:**

**WHERE DID YOU SEE THIS ROLE ADVERTISED:**

|  |  |
| --- | --- |
| **PERSONAL DETAILS** | |
| First Name:  Prefer to be called: | Surname: |
| Address: | Postcode: |
| Phone number: | Email address: |

|  |
| --- |
| **ABOUT YOU** |
| Please tell us why you would like to support older people by volunteering with Later Life Choices Glenrothes. |
| Please tell us a little more about any skills, qualities and experience (work, volunteering or personal) that you feel are relevant to this role. |
| Have you had any previous contact or do you have any current contact with Later Life Choices Glenrothes (formerly Age Concern Glenrothes)? If yes, please detail below. |

|  |
| --- |
| **SUPPORT**  This information will help us to support you in the best way possible. |
| Do you have any support needs you would like us to be aware of? |
| Do you have a disability or any other health conditions you would like us to be aware of? |

|  |  |
| --- | --- |
| **REFERENCE**  Please provide us with details of your referee. This person should not be related to you and should have known you for at least one year.  Please contact us if you have any issues as we will consider references on an individual basis.  No reference will be sought without your consent. | |
| **Referee**  Name:  Position:  Address:  Telephone No:  Email address:  Relationship to you: |  |
| **9. DECLARATION**  As you will be supporting vulnerable adults (deemed as ‘regulated work’) the role requires a PVG disclosure in accordance with Section 52 of the Protection of Vulnerable Groups (Scotland) Act 2007. We apply for this on your behalf before you start with us. You must also complete the attached criminal conviction declaration form. Please note that having a criminal record will not necessarily be a bar to volunteering with us.  Please note any offer of a voluntary position will be conditional on us receiving a satisfactory PVG scheme record check prior to you commencing this volunteering.  The information you provide in this form will be used for appointment purposes only. If you become a volunteer with us, we will keep this form in your volunteer file. Otherwise, we will destroy it at the end of any appointment process.   I confirm that the information given by me in this application form is correct.   I agree to this information being kept on file if I am successful.  Signed \_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_  Please return this form, the convictions form and the monitoring form (monitoring form in a sealed envelope to be opened after interview only) marked **Private & Confidential** to:  Fiona Kennedy, Centre Manager, Later Life Choices Glenrothes, 100 Scott Road, Glenrothes, KY6 1AE  or by email to [fionak@laterlifechoicesglenrothes.org](mailto:fionak@laterlifechoicesglenrothes.org) | |

**LATER LIFE CHOICES GLENROTHES**

CRIMINAL CONVICTIONS DECLARATION FORM

**CONFIDENTIAL**

**DECLARATION FROM ALL STAFF & VOLUNTEERS WORKING WITH VULNERABLE ADULTS**

Have you ever been convicted of a criminal offence or been the subject of a caution?

Yes  No 

If yes, please state the nature and date(s) of the offence(s):

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Full Name: …………………………………………………………………………………………

Date of Birth: ……………………… Place of Birth: ……………………………………………

Address: .......………………………………………………………….…………………………..…………

………………………………………………………… Postcode: ………………………….…

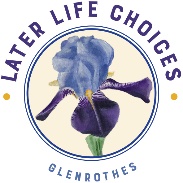
The above information is true and correct to the best of my knowledge.

Signed: ……………………………………………………… Date: ……………………………

**You are advised that under the provisions of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, as amended in 1986 and 2001, you should declare all convictions including ‘spent’ convictions. False information and/or omissions may lead to dismissal.**

Under the exemptions section of the Rehabilitation of Offenders Act 1974, we are entitled to request this information.

This form asks you to supply “personal” data as defined by the **General Data Protection Regulation (May 2018)**. You will be supplying this data to the Manager of Later Life Choices Glenrothes to be processed exclusively for the purpose of a check against The Protecting Vulnerable Groups Scheme. The Manager will protect the information which you provide and will ensure that it is not passed to anyone who is not authorised to see it. By signing the declaration on this form, you are explicitly consenting for the data you provide to be processed in the manner described above. If you are unsuccessful in your application, this form will be destroyed.

**** Later Life Choices Glenrothes

Equality Monitoring Form - Confidential

In accordance with its policy on equality in employment and volunteering, Later Life Choices Glenrothes (LLCG) is committed to providing equal opportunities to any applicant and will not discriminate either directly or indirectly because of race, gender, sexual orientation, religion or belief, marital or civil partnership status, age, or disability.

To monitor and audit the effective delivery of our commitment, we require all applicants to provide the information asked for in this monitoring form. This will only be used for this purpose and will form no part of the interview process, and will be treated in strict confidence.

The form will be detached from your application form, stored separately and used only to provide statistics for monitoring purposes. Thank you for your assistance.

Date Form Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender:  Male  Female  Other

Disability:  Yes  No

Learning Disability  Physical Impairment  Sensory Impairment

Long Term Illness  Mental Health Condition  Other (please specify below):

Ethnicity:

African  Afro/Caribbean  Asian  British  Chinese  European

Mixed  Other (please specify below):

Religion/Belief:

Christian  Buddhist  Hindu  Jewish  Muslim  Sikh

None  Other (please specify below):

Sexual Orientation:

Bisexual  Gay Man  Heterosexual  Lesbian/Gay Woman

Marital Status:

Single  Married  Civil Partnership  Separated

Divorced  Widowed

Age:

16-25  26-35  36-45  46-55  56-65  Over 65

**PRIVACY NOTICE**

**Later Life Choices Glenrothes (LLCG)**

(Issue 7, April 2024)

*Providing services for older people in and around Glenrothes which enhance their quality and enjoyment of life by encouraging interaction, mental & physical activity and companionship.*

**What is this Notice All About?**

LLCG collects and processes personal information about staff/subcontractors, volunteers, clients, and client carers/family members so that it can provide the services needed. The General Data Protection Regulations (GDPR) 2018 gives individuals particular rights over the personal information given to organisations, so this notice introduces our privacy policy and lets you know how and why LLCG uses your personal information.

**A copy of our full personal data protection policy is available on our website** [**www.laterlifechoicesglenrothes.org**](http://www.laterlifechoicesglenrothes.org) **or in hard copy on request to the Centre Manager.**

*LLCG is committed to protecting your privacy by taking every reasonable effort to keep the personal information you give us secure and accurate.*

**The Later Life Choices Glenrothes Privacy Statement**

* Your personal information is only used for the purpose for which we collect it.
* Only information that we need is collected.
* Your personal information is only seen by those who need it to do their jobs.
* We will only disclose your personal information when we have your consent to do so or if we believe you are at risk of harm if we do not disclose it.
* We will keep your information up to date and will correct any inaccuracies as soon as possible.
* We will retain your personal information only for as long as it is needed to support the purpose for which it was collected. It will then be confidentially destroyed.
* We will protect your personal information from unauthorised or accidental disclosure and we will process it in a manner which maintains its integrity and confidentiality.
* We will provide you with a copy of your personal information on request

**What Information Do We Collect?**

The personal information we collect could include your name, photograph, address, email address, telephone number, date of birth, gender, relevant medical details (including any disability/support needs), next of kin, and (for employees/subcontractors of LLCG) bank details.

**What is LLCG’s Legal Basis for Collecting and Using Personal Information?**

Employed staff/subcontractors at LLCG are under contract/agreement, and therefore we have a contractual obligation to seek relevant personal information. Volunteers, clients and their carers/family members are not under contract and so our seeking and using their personal information is on the basis of consent.

**Why Do We Collect This Personal Information And How Do We Use It?**

We collect this information to allow us to provide our services to you whilst you are associated with, or employed by, LLCG. For example, we need to be able to pay salaries to staff, to contact volunteers, clients and client family members, to provide transport services, or where possible to tailor our services to your needs.

**Who Has Access To Your Information?**

We will not allow anybody outside LLCG access to your information, except where we believe that sharing such information with health or social services professionals is necessary for your wellbeing. Under such circumstance we will always try to obtain your consent first.

**How Is My Information Stored and Protected?**

The information you give us will be stored on paper or electronically at 100 Scott Road. Paper information is held in an organised filing system under lock and key, and electronic information is held in password-protected computers. Back-ups of electronic information/data are held locally in a secure manner, and a further back up is held in on-line storage using password protection. All passwords are held securely and only divulged to those members of staff who need to know.

**How Long Do You Keep My Personal Information?**

Your data will be held only for as long as we need it to support your association with LLCG, after which time we will confidentially dispose of it unless required by law to keep it for a further period.

**What Are My Rights?**

You are entitled to view, amend, correct or delete the personal information that we hold. Please email or write to the LLCG Centre Manager if you wish to do so.You also have the right to complain to the Information Commissioner’s Office (ICO) if you think there is a problem with the way we are handling your data. The ICO’s contact details are:

The Information Commissioner's Office - Scotland

45 Melville Street

Edinburgh

EH3 7HL

Tel: 0303 123 1115

Email: [scotland@ico.org.uk](mailto:scotland@ico.org.uk)

**Who Can I Contact If I Have A Query?**

Any questions about this notice and our privacy practices should be sent in writing to: The Centre Manager, Later Life Choices Glenrothes, 100 Scott Road, Glenrothes, KY6 1AE (or email: fionak@laterlifechoicesglenrothes.org). LLCG’s data protection adviser at board level is Mr Rick Kiralfy, who can also be contacted through the Centre Manager if you have any further concerns or queries.

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**Agreement to permit Later Life Choices Glenrothes (LLCG) to collect and use your personal information**

I hereby authorise LLCG to collect and use my personal information as described above, and in line with its data protection policy.

I am happy for my personal information to be discussed with my nominated contact:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / shared with third parties as appropriate.

I **DO NOT** wish any personal information / matters to be discussed with any family member/ third party

Signed: ……………………………………………………………………………………………………………

Name: …………………………………………………………………………… Date: …………………………………………………