



OFFICIAL USE ONLY

Date form received: _____

Date started: _____

Security Check _____

**APPLICATION FORM FOR A NEW VOLUNTEER AT
THORNTON ROSE RIDEABILITY (RDA) SC028617**

PLEASE USE BLOCK CAPITALS THROUGHOUT AND RETURN TO THE
ADDRESS BELOW:-

2 D'ARCY CRESCENT, MAYFIELD, DALKEITH, EH22 5GB

**CONFIDENTIAL INFORMATION FOR USE BY RELEVANT RDA
PERSONNEL ONLY**

You have a right of access to information held about you and other rights under the
Data Protection Act 1984

PART A: Details of potential volunteer

Title: _____ Surname: _____

Forename: _____

Any previous names by which you have been known _____

Address: _____

_____ Post Code: _____

Date of Birth: _____ Email address: _____

Phone No: _____ Mobile. No: _____

PART B ADDITIONAL INFORMATION

a) Experience with horses

b) Experience with Disabled Adults or Children

Have you ever helped at other RDA Groups? YES / NO

If so where? _____ For how long? _____

Do you hold an RDA Green card certificate? YES / NO.

c) Other useful skills e.g. first aid, teaching, nursing, computer & secretarial skills, fund raising

d) Fitness

Most helpers join a Group to become involved with disabled adults or children and horses or ponies. These activities require a degree of physical fitness. Helping is an aid to keeping fit. Other essential Group activities (financial, administrative, secretarial, fund raising, stable management) do not require the same degree of fitness. Please describe any limitations on your ability to participate in Group activities.

I AGREE TO ABIDE BY THE GROUP'S CHILD PROTECTION POLICY AND PROCEDURES.

SIGNED: _____ **DATE:** _____

PART C REFEREE

Title	Mr / Mrs / Ms / Miss / Dr
First Name	
Surname	
Address	
	Post Code
Telephone Number	
	I am happy to recommend the applicant (whom I have known for _____ years) as an RDA volunteer (preferably to be signed by someone other than a family member)
Signature	
Date	

PART D

Have you ever been convicted of a criminal offence or been the subject of a caution, a 'bound over order' or a 'civil action' involving physical or sexual abuse or violence?

YES / NO. If YES please give details:

You are advised that under the provisions of the Rehabilitation of Offenders Act 1974 (exceptions order 1975 as amended by the Rehabilitation of Offenders Act 1974 (amendment) 1986) you should declare all convictions including 'spent' convictions.

Have you ever been subject to any disciplinary actions or sanctions relating to child abuse, sexual offences or violence? YES / NO

If YES please give details:

You are required to self-certify that you are not known to ANY Social Services as being an actual or potential risk to children or vulnerable adults, and that you have not been disqualified or prohibited from fostering children or had any rights or powers in respect of any child vested in or assumed by a local authority, or had a child ordered to be removed from your care.

As part of the checking procedures, you are advised that the Group reserves the right to make reference to 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. It is the Group's policy to make random police checks and to take up references.

N.B. It is the duty of all Group personnel, instructors and volunteers to report any change or conviction involving children or vulnerable adults.

I consent to a criminal records check being made, confirm that the information provided on this form is correct, and accept that failure to disclose information or subsequent failure to conform to the Child Protection Procedures may result in disciplinary action and possible suspension.

Signature: _____ Date: _____

It is recommended that volunteers wear stout boots or preferably wellingtons and a warm jacket which should also be waterproof, particularly in winter. Be prepared to get dirty when grooming horses and walking in the woody areas of the estate.

Which day(s) of the week would you be available to help? Wednesday / Friday / Saturday