



# Registration Form for Voluntary Helpers at Abbey Lane Primary School

Thank you for wanting to volunteer at Abbey Lane Primary School. You will appreciate that the school must be particularly careful to enquire into the background of individuals who have access to pupils at Abbey Lane. The school keeps a record of all persons who carry out voluntary work and you are asked, therefore, to complete the details below and return it to the school office. In accordance with Keeping Children Safe in Education 2023, we ask volunteers to give names and addresses of two professional referees. Please provide these below. If, as a voluntary helper, you have **regular unsupervised contact** with the pupils then it will be necessary for a Disclosure and Barring check (DBS), including a Barred List check, to be made on you.

**Surname:** \_\_\_\_\_ **Title:** (Mrs/Miss/Ms/Mr)

**Previous Name(s):** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_

**Forename(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Telephone No:** \_\_\_\_\_

Have you lived abroad anytime in the last 5 years? Yes No

If 'yes', please give details overleaf.

**Email Address:** \_\_\_\_\_

**Relevant Experience:** e.g. Education, Training, Employment or Voluntary Work.

\_\_\_\_\_  
\_\_\_\_\_

## Referees

Two professional referees who can comment on your suitability to work with children are required

### First Referee

Full Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Full Address:

\_\_\_\_\_

\_\_\_\_\_ **Tel No:** \_\_\_\_\_

Job Title: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

**Second Referee**

Full Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Full Address:

\_\_\_\_\_

\_\_\_\_\_ Tel No: \_\_\_\_\_

Job Title: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

**DBS check**

I consent to a Disclosure and Barring and Barred List check being made on me if I will have regular unsupervised contact with pupils and this form being held by the school as a record that appropriate checks have been carried out.

**Disqualification and Disqualification by Association**

I confirm that I am not disqualified from working with children in Early or Later Years settings (up to age 8) and, to the best of my knowledge, no one who lives or works in the same household as me is disqualified. I understand and accept that I must inform the headteacher immediately if I become disqualified or if I become aware that anyone who lives or works in my household becomes disqualified.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_