



Application Form

Volunteer Maternity Mate

Personal Details

Title	First Name	Surname (Family Name)	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address		Contact details	
<input type="text"/>		Phone	<input type="text"/>
		Email	<input type="text"/>
Postcode	<input type="text"/>		
Borough	<input type="text"/>		

Dependents

Do you have dependents? If yes, can you please tell us their ages below:

- Baby
 Child: 1 to 4 year
 Child: 5 to 13 years
 Child: 14 to 16 years
 Adult – 17 or over
 Adult – Over 60 years
 N/A

Disability Discrimination Act

Sister Circle is committed to equal opportunities and will consider making reasonable adjustments to volunteer roles where possible. Please give details of any assistance you may require in accordance with the Disability Discrimination Act.

- Do you consider yourself to have a disability? Yes No

If you answered YES to the question above, please state what type of assistance you require in your role as a Maternity Mate	<input type="text"/>
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Volunteer Tasks

You need to be able to complete **all** the training to become a volunteer Maternity Mate **and** volunteer for a minimum of 12 months, to cover the ante and postnatal periods, as well as for the birth. Please confirm you agree to the following:

- I have read the schedule and can attend all the training days Yes No
- I can volunteer for at least 12 months after completing training Yes No
- I can attend births when necessary Yes No
- I can attend births if they occur after midnight Yes No

I can support mums in the following borough:	Yes	No
Southwark	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>

Language Skills

- Do you speak any other languages? (If yes, please state below) Yes No

Language(s) Spoken	Basic	Intermediate	Fluent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The space below is provided so that you can give details about yourself and why you would like to be a Maternity Mate. Please include anything that you feel would be relevant to the Maternity Mates volunteer role (e.g., skills, qualifications, etc.). Please list any previous employment or life experience, including interests, hobbies or sports. We would also like to know if you have ever been a volunteer before. Please also state what you are currently doing.

- Do you have access to a computer? Yes No



References

Please give the name, address and telephone contact details of two persons from whom we may obtain both character and work experience references. **Neither referee can be a member of your immediate family, nor a close friend of yours.** Both must be over 18.

Referee - 1

Name	
Occupation	
Relationship to you	
Address	
Postcode	
Email	
Telephone	

Referee - 2

Name	
Occupation	
Relationship to you	
Address	
Postcode	
Email	
Telephone	

Disclosure

Sister Circle is a **DBS (Disclosure & Barring Service)** registered organisation. DBS was formerly known as CRB (Criminal Records Bureau). All volunteer applicants **must** complete an enhanced disclosure records check to ensure the safety of the children with whom we work.

- **Have you ever been convicted of a criminal offence?** Yes No

If yes, please supply full details below

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Declaration

In signing this form, I understand and agree that data contained in this registration form will be used for volunteer registration purposes and will be held on a secured database. I also agree to both PACT and Sister Circle's holding this form in paper format in a secure area.

I confirm that the information I have given is true and I am aware if any statements I have given are not true or if I have failed to disclose any vital information, my volunteering placement could be terminated.

I consent to PACT and Sister Circle to hold my personal information after completion of my volunteering to inform future events/opportunities: Yes No

I do not wish for PACT and Sister Circle to contact me after completion of my volunteering period: Yes No

(Please note: You can contact us anytime during this period to opt out)

Signed:.....

Date:



Volunteer Monitoring Form – Maternity Mates

Please state where you saw this position advertised:

- Internet search
 Sister Circle website
 Friend/relative
 A Maternity Mate
 PACT website / social media
 Other (please state)

PACT is committed to being an inclusive employer. We particularly welcome applications from a wide range of ethnicities to represent the communities we work in. Sister Circle is an equal opportunity employer. The aim of our policy is to ensure that no job applicant, employee, director or volunteer receives less favourable treatment on the grounds of race, colour, creed, nationality, ethnic or national origin, religious belief, political opinion or affiliation, sex, marital status, sexual orientation or disability, or is disadvantaged by conditions or requirements which cannot be shown to be justifiable.

We are committed to an ongoing programme of action to make this policy fully effective. To ensure that this policy is fully and fairly implemented and monitored, and for no other reason, would you please provide the following information:

Please tell us your ethnic background and gender

White

- English, Wels Scottish, Northern Irish or British
 Irish
 Gypsy or Irish Traveller
 Any other white background

Mixed or Multiple ethnic groups

- White and Black Caribbean
 White and Black African
 White and Asian
 Any other Mixed or Multiple ethnic background

Asian or Asian British

- Indian

- Pakistani
 Bangladeshi
 Chinese
 Any other Asian background

Black, African, Caribbean or Black British

- African
 Caribbean
 Any other Black, African or Caribbean background

Other ethnic background

- Arab
 Latin American
 Any other ethnic group

Nationality

Gender

- Male
 Female
 Genderqueer/Non-Binary