

# VOLUNTEER APPLICATION FORM

Bobath Children's Therapy Centre Wales  
19 Park Road  
Whitchurch  
Cardiff CF14 7BP  
Tel: 029 20522600 Fax: 029 20521477  
email: [emmav@bobathwales.org](mailto:emmav@bobathwales.org)  
[www.bobathwales.org](http://www.bobathwales.org)  
Registered Charity No: 1010183



*(Please Use BLOCK CAPITALS)*

Title: Mr/Mrs/Miss/ Other \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_ Post Code: \_\_\_\_\_

Tel No Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Mobile: \_\_\_\_\_

*(Please include dialling codes)*

Bobath Children's Therapy Centre Wales is a registered charity for children with cerebral palsy. Therefore, it must ensure that its volunteers are above reproach by asking for two references. If your volunteer role brings you into contact with the children we will also carry out a criminal record check with the Criminal Records Bureau (CRB).

Please give the name, address & telephone number of two referees, one of whom should be either your present/previous employer, school, college etc. Relatives may not be submitted as referees. By signing and returning this form you consent under the Data Protection Act 1998 to Bobath Children's Therapy Centre using and keeping the information provided by you or by third parties, such as referees, for purposes relating to you application or volunteering. Such information may include storage and processing details relating to your health and/or criminal record for the purpose of arriving at a selection decision and equal opportunity purposes. In relation to successful applicants, the information will form part of your volunteering record. Information held on unsuccessful applicants will be retained for a period of no more than six months.

FOR OFFICE USE ONLY

References Requested	Start Date	Volunteer Role

**Do you have an illness or disability that for your own safety Bobath Children's Therapy Centre should be made aware of?**

**How did you hear about volunteering at Bobath Children's Therapy Centre?**

*I.e. Talks, Coffee Morning, Volunteering Leaflet, Other please state:*

**Referee 1**

**Mr/Mrs/Miss/Other :** \_\_\_\_\_

**Name:** \_\_\_\_\_

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

**Post Code:** \_\_\_\_\_ **Tel No:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

*(i.e. employer, church minister etc.)*

**Referee 2**

**Mr/Mrs/Miss/Other:** \_\_\_\_\_

**Name:** \_\_\_\_\_

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

**Post Code:** \_\_\_\_\_ **Tel No:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

*(i.e. employer, church minister etc.)*

**Declaration**

**The information I have given in this application is true and complete.**

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