YOUR NAME AND CONTACT DETAILS:

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<th>SURNAME:</th>
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CONTACT DETAILS FOR CHARACTER REFERENCE:

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INTERESTED IN VOLUNTEERING FOR:

- [ ] Administration
- [ ] Collections
- [ ] Dane Crew
- [ ] Events and Site Support
- [ ] Factory Tour Guide
- [ ] Heritage Site Guide
- [ ] Learning Team
- [ ] Retail Support
- [ ] Steam Team
- [ ] Other: __________________________

AVAILABILITY:

- [ ] .................................
- [ ] .................................
- [ ] .................................
- [ ] .................................

PLEASE LET US KNOW IF YOU HAVE PARTICULAR NEEDS, ACCESS REQUIREMENTS OR HEALTH CONDITIONS THAT:
- We might need to understand to support you volunteering
- You think we should be aware of
- May impact your ability to undertake volunteering duties from time to time

FOR OFFICE USE ONLY:

DATE RECEIVED: __________________________
DO YOU HAVE ANY CONVICTIONS WHICH ARE UNSPENT UNDER THE REHABILITATION OF OFFENDER ACT 1974?

☐ YES   ☐ NO

PLEASE NOTE: Volunteering with Re-Form Heritage requires a Basic DBS check.

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY, AS DEFINED BY THE EQUALITY ACT 2010?

☐ YES   ☐ NO

IF YES: ........................................................................................................
........................................................................................................

WHAT IS YOUR AGE GROUP?    ☐ 16-18    ☐ 18-30    ☐ 31-40    ☐ 41-50    ☐ 51-60    ☐ 61-70    ☐ 71+

WE ARE COMMITTED TO VOLUNTEERING BEING OPEN AND ACCESSIBLE TO ALL. TO HELP US WITH THIS, IT WOULD BE GREAT IF YOU COULD ANSWER A FEW MORE QUESTIONS ABOUT YOURSELF. YOU DO NOT HAVE TO COMPLETE THIS, BUT IN DOING SO YOU WILL HELP US UNDERSTAND WHETHER WE CAN DO MORE TO BE RELEVANT TO EVERYONE.

WE WILL TREAT THIS INFORMATION AS STRICTLY CONFIDENTIAL. IT WILL ONLY BE USED FOR MONITORING PURPOSES AND NOT USED OR REFERRED TO AS PART OF THE RECRUITMENT PROCESS.

WHAT GENDER DO YOU IDENTIFY WITH?
........................................................................................................
........................................................................................................

DO YOU HAVE RELIGIOUS BELIEF?

☐ YES   ☐ NO

IF YES, PLEASE DESCRIBE YOUR RELIGIOUS GROUP:
........................................................................................................
........................................................................................................
........................................................................................................

HOW WOULD YOU DESCRIBE YOUR ETHNIC ORIGIN?
........................................................................................................
........................................................................................................

HOW WOULD YOU DESCRIBE YOUR SEXUAL ORIENTATION?
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........................................................................................................

ANY OTHER COMMENTS: ........................................................................................................................................................................
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THESE DETAILS WILL BE KEPT IN ACCORDANCE WITH THE GENERAL DATA PROTECTION REGULATIONS. THEY WILL NOT BE PASSED ON TO ANY OTHER ORGANISATION WITHOUT THE VOLUNTEER’S EXPRESS PERMISSION.