|  |  |
| --- | --- |
|  | **Bath City Farm**  Kelston View  Whiteway  Bath  BA2 1NW  Tel: 01225 481269  [info@bathcityfarm.org.uk](mailto:kilda@bathcityfarm.org.uk) |

**PROJECT APPLICATION FORM**  
Thank you for your interest in joining us at Bath City Farm.   
Please fill in this form and return it to a member of staff or post it to the above address.

## **Project applied for ………………………………………………………………………………**

## **About you**

|  |  |
| --- | --- |
| **My full name is** |  |
| **Please call me...** |  |
| **The pronouns I use are...**  e.g. she/her, he/him, they/them |  |
| **My date of birth is..** |  |
| **My address and postcode is..** |  |
| **My contact number is...** |  |
| **My email is...** |  |

**SUPPORT** - answering these questions will help us offer you the appropriate support when volunteering. Do you consider yourself to have:

a disability? Please give details

|  |
| --- |
|  |

mental health issues? Please give details

|  |
| --- |
|  |

an additional learning need? Please give details

|  |
| --- |
|  |

MEDICAL INFORMATION – please give details of any medical condition or medication that we should know about (eg Allergies, Diabetes etc.)

|  |
| --- |
|  |

Support for you outside of the Farm

We will ask your support worker, if you have one, for further information to help us support you.

Do you consent to information being shared? Please tick.

Yes \_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_

If you have a Support Worker, please tell us:

|  |  |
| --- | --- |
| Name |  |
| Organisation |  |
| Contact number |  |
| Email address |  |

Please provide contact details for your GP:

|  |  |
| --- | --- |
| Name |  |
| GP Practice |  |
| Contact number |  |
| Email address |  |

**Bath City Farm will only use this information to check your support needs in relation to this project by contacting your health support professional (if applicable)**

**Up to Date Tetanus inoculation** **YES**  **NO   
  
Details of someone we can contact in an emergency:**

|  |  |
| --- | --- |
| Name |  |
| Contact number |  |
| Relationship to you |  |

##### ADDITIONAL INFORMATION

#### Do you have any interests, previous experience or special skills that might be relevant to joining a project at Bath City Farm:

|  |
| --- |
|  |

#### What do you hope to gain from being at Bath City Farm?

|  |
| --- |
|  |

Where did you find out about projects at Bath City Farm?

|  |
| --- |
|  |

**CRIMINAL RECORDS** (Rehabilitation of Offenders Act 1974)

We also need to ask you about any unspent convictions as part of our duty of care. A criminal conviction will not necessarily prevent you from joining a project; the decision will depend on the type of offence and its relevance to the volunteering role. Some roles will also require full criminal record checks.

If you do have any unspent convictions please include details in a sealed envelope. If you would like to discuss any convictions you may have, please contact the person named in the covering letter. All information will be dealt with according to Bath City Farm’s Confidentiality Policy.

**DECLARATION: I declare that to the best of my knowledge, all of the above information is correct:**  
  
**Signature: ……………………………………….………… Date: …………………….**

**PHOTOGRAPHIC CONSENT**

We like to take photos during our sessions. We never publish full names, and never publish without your permission. You do not have to agree to have your photo taken – but if you are happy to have your photo taken and used, please tick which option suits you, and sign below. You are free to withdraw your permission at any time.

* I give my permission to use images of me taken at the farm to promote the Farm’s work, on social media, website, and in the press etc. and reports on our work that are not public.
* I give my permission to use images of me taken at the Farm in reports on our work that are not public ONLY.
* I do not give my permission to use images of me taken at the Farm to promote the Farm’s work, on social media, the website, and in the press etc. and reports on our work that are not public.

**SIGNED:**

**DATE:**

**MUST BE KEPT SEPARATELY**

**Equal Opportunities Information**

This section is optional, anonymous, and kept separately from your personal file. This information helps us to better understand who the project is reaching and how we can better reach people who come from different backgrounds. Where it is use for funding purposes it will always be anonymised.

|  |
| --- |
| 1. **What gender do you identify with?** |
| * Prefer not to say |
| 1. **How do you describe your sexual orientation?** |
| * Prefer not to say |
| **4.Please identify which age group you belong to:** |
| 16-24  25-34  35-44  45-54  55-64  65+   * Prefer not to say |
| **6.Do you consider yourself to have a disability?** |
| * Prefer not to say |
| **7.How do you describe your spiritual beliefs?** |
| * Prefer not to say |
| **8.Do you have caring responsibilities?** |
| * Prefer not to say |
| **9.What is your ethnicity?** Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box |
| * Prefer not to say |
| **10.What class, if any, do you identify with?**   * Prefer not to say |