



Suffolk Young People's Health Project Volunteer Registration

Form FM35

The information provided on this form will be used for your volunteer application and placement. We will use it to contact and support you, make appointments, and occasionally as evidence of the impact funding has made. This information will be stored securely for up to six months after the application process, or up to six years (or until you turn 21 years of age if later) if you go on to volunteer with 4YP.

All boxes marked with * are essential information – please complete. Please inform us of any changes to these details.	
First Name*:	
Last Name*:	
Date of Birth*:	Age*: (required for insurance purposes)
Address:	Home Phone no: <i>Tick to consent for 4YP to call you on this number</i> <input type="checkbox"/> <i>Tick if we can leave a message on this number</i> <input type="checkbox"/>
Postcode: <i>Please tick to provide consent for 4YP to write to you at this address</i> <input type="checkbox"/>	Mobile no: <i>Tick to consent for 4YP to call you on this number</i> <input type="checkbox"/> <i>Tick if we can leave a message/text on this number</i> <input type="checkbox"/>
Email address: <i>Please tick if you consent to us emailing you at this address</i> <input type="checkbox"/>	
What is your preferred method of contact? We will always try to reach you this way first, if suitable. Letter <input type="checkbox"/> Mobile <input type="checkbox"/> Home phone <input type="checkbox"/> Email <input type="checkbox"/>	
Next of Kin / Emergency Contact Information* Please inform this person you have provided their details and 4YP may need to contact them in an emergency.	
Name:	Relationship to you:
Address:	Telephone Number(s):
Please list any disabilities, additional support needs, medical information, allergies or dietary requirements*: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	

The 4YP Privacy Notice explains how we collect and use personal information.
 This is available at 4YP, online at www.4yp.org.uk/home/privacy or can be sent to you on request by contacting the Data Protection Officer on 01473 25607 or enquiries@syphp.org.uk.



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References

Please give details for two referees. The first should be your present or most recent employer. If you have recently left full time education, one reference should be from your school or college. Please inform your referees you have provided their details and 4YP may contact them.			
1) Current/most recent employer (or school/college if appropriate)		2) Second referee	
		Capacity in which this person knows you:	
Name:		Name:	
Position:		Position:	
Address:		Address:	
Tel No.		Tel No.	

Image and Sound Recording Suffolk Young People's Health Project (4YP) uses a range of printed and digital media to demonstrate the activities and services we offer, to promote events and fundraising, for publicity and communications, and to evidence the impact of our work. By 'media' we mean photographs, images, video, film, and sound recordings (e.g. radio appearances). These may be used for leaflets, reports, publications, case studies, displays, websites, newsletters, social media posts, and newspaper articles. We will store and potentially use this media for up to five years.	
Please tick to consent for 4YP to obtain, record, store, process and use recorded media of you <input type="checkbox"/>	
Tick if you consent for 4YP to mention/use your name in media (either with or without images) <input type="checkbox"/>	

Declarations

Eligibility for volunteering & employment Volunteers must be eligible to take up employment in the UK in accordance with the Immigration, Asylum, and Nationality Act 2006. We may need you to provide proof of eligibility.	
Please tick to confirm you are eligible to work in the UK <input type="checkbox"/>	

Signature* I consent to the information on this form being stored by 4YP and used for the purposes stated. I understand my personal details, including sensitive data, will be kept secure and processed in line with current data protection regulation.	
Signed*:	Date*:
If the application/volunteer is younger than 18 years of age, the consent of their parent/carer may be required. Please sign and date below to verify consent.	
Signed:	Date:

Please hand this form in to a member of staff at 4YP or return it to:
 14 Lower Brook Street, Ipswich IP4 1AP or enquiries@syphp.org.uk