 **Mandeville School Volunteer Information Sheet**

Dear Volunteer

Please complete the following questions about yourself:

|  |  |
| --- | --- |
| Name and Surname |  |
| Date of birth |  |
| Address |  |
| Email address |  |
| Mobile number |  |
| Why do you want to volunteer? | |
| Are there any particular age groups/ special needs (MLD, PMLD, ASD) you would like to work with? | |
| When would you be able to volunteer? (Please give specific days/ dates e.g. 2 mornings a week for 1 term) | |
| What skills/ interests do you have? | |
| Do you have any needs we need to take into account when working as a volunteer at Mandeville School? (Please give details) | |

A few things to remember:

* Please arrive at the school reception at 8:45 am and sign in using the electronic system.
* Please wear comfortable clothing and footwear. Footwear should be suitable for running or being active, no flip-flops, please.
* Our pupils might be sensitive to sensory information and therefore please consider the following:
* Use a gentle and calm voice and approach
* Be aware of body odors and strong perfume
* Please do not wear jewellery.

Please tick the box below once you have read the necessary documentation:

I have read the Volunteer Policy (attached to the email).

I have read the ‘Keeping Children Safe In Education’ document **Part 1 & Annex B** (link below)

[Keeping Children Safe in Education](https://www.gov.uk/government/publications/keeping-children-safe-in-education--2)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for taking the time to complete this Volunteer Information Sheet.

Your offer of help is appreciated.

Once completed, please send this form and a **copy of a photo ID (passport or driver’s license) and DBS** to Julise Maritz at [jmaritz@mandeville.ealing.sch.uk](mailto:jmaritz@mandeville.ealing.sch.uk)