

Confidential

Volunteer Application Form

Personal details

Title: **First name:** **Last name:**

Address:

Contact telephone number: **Mobile:**

(Please provide a daytime contact number)

Email:
(Applicants must have an e-mail address)

Please highlight which court you would prefer to volunteer at:

Amphill	Barnet	Beaconsfield	Blackpool
Bournemouth	Bradford (also covering Huddersfield & Halifax)	Brighton	
Chelmsford	Cleethorpes, Scunthorpe & Grimsby	Coventry	
Croydon	Crook	Exeter	Flax Bourton
Fulham	Hatfield	Horsham	Huntingdon
Ipswich	Leicester	Lincoln (Boston)	Liverpool
Maidstone	Milton Keynes	Morpeth	Newcastle
Newport	Northampton	Norwich	Nottingham
Oxford	Plymouth	Reading	Shrewsbury
Southwark	Stafford	St. Pancras (also covering Poplar & Bow)	
Stockport	Stoke on Trent	Sunderland	Taunton
Truro	Warrington	Woking	

Please tell us why you would like to volunteer with the Coroners' Courts Support Service and what experience, skills and knowledge you feel you have that will enable you to fulfil the role:

Which days would you be available to volunteer in the Coroner's Court?

Please note that Courts can vary between the number of days they sit in the working week. Some sit Monday-Friday, but some less often

So that we can provide you with the appropriate support, it would be helpful if you could indicate any additional needs that you may have for example: health, religion, culture, mobility (the nature of the role can result in extended periods of sitting) – please state

Please tell us what languages (including British Sign Language) you can speak:

Where did you hear about volunteering for the Coroners' Courts Support Service?

Emergency/Next of Kin Contact Details. This is in case you become unwell while volunteering with us:

Name:

Relationship to you:

Contact telephone number:

References (these references will not be taken up until after the formal training)

Please give details of two people one of which could be a long standing friend and the other should have known you in a working capacity

Reference 1

Full name:

Address:

Town:

County:

Post code:

Contact telephone number:

Email (*preferred method for obtaining references*):

Capacity in which this person knows you:

Reference 2

Full name:

Address:

Town:

County:

Post code:

Contact telephone number:

Email (*preferred method for obtaining references*):

Capacity in which this person knows you:

Your Information

Your details will only be shared within the Coroners' Courts Support Service (CCSS) and used to contact you about your volunteering and provide you with updates and information about the CCSS. We will not sell, swap or pass on your details to anyone outside the CCSS. The information we hold and process is compliant with the General Data Protection Regulations (May 2018). See [CCSS Privacy Notice](#).

Statement and Declaration

The CCSS complies with [Disclosure and Barring Service \(DBS\) Code of Practice](#). Standard DBS checks are required for all volunteering within the Court environment. Failure to reveal information about offences or other matters that might be relevant to the position could lead to withdrawal of the offer to volunteer. Our Recruitment of Ex-offenders Policy can be found [here](#).

I agree that after successful completion of the 3-day training a DBS check will be conducted and for the results of this to be disclosed to The Coroners' Courts Support Service.

N.B. If successful in your application and you are already registered with the online DBS Update Service we would need your permission to check the registration, and for you to supply us with your certificate number. If you are not registered but have a Standard DBS certificate that is less than 3 years old this will be accepted. After the 3 years has expired you agree to apply and register with the DBS Update Service.

If you have not been resident in this country long enough to supply us with the documentation required for the DBS check please provide us with a certificate of good conduct. This document can be requested by you from your embassy.

I am over 18 years of age and I am applying to become a volunteer with The Coroners' Courts Support Service. I understand this is an agreement to volunteer only and does not form part of any employment contract. I declare that the information I have given on this application is true to the best of my knowledge and consent to my personal information being shared within the CCSS as set out in the CCSS Privacy Notice and in compliance with GDPR.

Signed:

Date:

Print name:

Please email this application back to:

info@ccss.org.uk

If you have difficulty completing this form, please do contact us.