

Civil Aid Voluntary Rescue Association

Membership Application

Personal Details:

Surname:

First Name(s):

Date of Birth:

Place of Birth:

Previous Name(s):

Address:

Home Phone:

Mobile Phone:

E-mail

Employment Details:

Occupation:

Works Address:

Available During
Work Hours?

Yes

No

Other

We train every
wednesday evening
is this a problem?

Yes

No

Other

Emergency Contacts:

Contact One:

Name:

Relationship:

Address:

Home Phone:

Mobile Phone:

Works Phone:

Contact Two:

Name:

Relationship:

Address:

Home Phone:

Mobile Phone

Works Phone

Medical Disclosure:

Incase you suffer an accident or medical emergency during training or a callout please answer the following questions to allow us to give accurate information to the emergency services.

Do you have any medical conditions? Yes if Yes Please Provide Details.
No

Do you have any allergies? Yes if Yes Please Provide Details.
No

Do you have any disabilities? Yes if Yes Please Provide Details.
No

Are you on any regular medication?

Convictions / Disqualifications:

To ensure the safety of public/members a CRB check must be completed. If a check is returned and reveals any information, this will be discussed with the applicant. The Director of Operations will make a decision as to whether the application will continue or be withdrawn.

Rehabilitation of Offenders Act 1974 (Exceptions)(Amendment) Order 1986

We would draw your attention to the following statement:-

“Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act, 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are ‘spent’ under the provisions of the Act”.

Do you have any current or spent convictions ?	Yes No
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if Yes, please
provide details

Are you awaiting trial for any offences?	Yes No
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if Yes, Please
provide details

IMPORTANT INFORMATION FOR DBS CHECKS

CAVRA is required to process a DBS check for all new and current members please include the following ID with your application;

The person going through a DBS check (the applicant) must give their CAVRA original documents (not copies) to prove their identity.

The documents needed will depend on the route the application takes. The applicant must try to provide documents from Route 1 first.

Route 1

The applicant must be able to show:

1 document from Group 1, below

2 further documents from either Group 1, or Group 2a or 2b, below

At least 1 of the documents must show the applicant's current address.

Route 2

If the applicant doesn't have any of the documents in Group 1, then they must be able to show:

1 document from Group 2a

2 further documents from either Group 2a or 2b

At least one of the documents must show the applicant's current address. The organisation conducting their ID check must then also use an appropriate external ID validation service to check the application.

Route 3

Route 3 can only be used if it's impossible to process the application through Routes 1 or 2.

For Route 3, the applicant must be able to show:

a birth certificate issued after the time of birth (UK and Channel Islands)

1 document from Group 2a

3 further documents from Group 2a or 2b

At least one of the documents must show the applicant's current address. If the applicant can't provide these documents they may need to be fingerprinted.

Referees:

Applicants to CAVRA are required to provide two references whom have known the individual for a minimum of two years, These cannot be family members.

Referee One:

Name

Occupation

Address

Contact Number

Time Known

Referee Two:

Name

Occupation

Address

Contact Number

Time Known

Declaration

I undertake to comply with the terms of membership, duties, conduct and discipline relating to membership of CAVRA.

I undertake that whilst on duty and so long as I remain a member, to carry out directions of the Officers and their deputies.

I accept that the first six (6) Months of membership will be regarded as provisional and enrolment will not be confirmed unless this period is completed satisfactorily.

I also agree to familiarise myself with the relevant Health & Safety instructions together with any future revisions that may apply.

I shall advise my employer of my enrolment as a member of CAVRA, and of the resulting commitment to CAVRA.

I am aware that all posts are the subject of a Criminal Records Bureau check.

I declare That the above information is true and correct, if it is subsequently found to be incorrect, I am aware that it may lead to disciplinary action and/or dismissal from the Association.

Signed

Date