



VOLUNTEER FORM 2018

The Irish Pilgrimage Trust, Kilcuan, Clarinbridge, Galway. H91 W596

Phone no 091 796622 Email info@irishpilgrimagetrust.com

Charity Registration Number 20009953 - CHY5992

For more information, please see our website www.irishpilgrimagetrust.com

PLEASE READ CAREFULLY: All information given is strictly confidential. Return your completed form to The Irish Pilgrimage Trust along with your completed NVB Vetting Form (see No 21). Thank you.

ALL Volunteers must complete sections 1 to 21.
Volunteers aged 70 or over **MUST** Complete Section 22.
GROUP NURSE must also Complete Section 23.
Second Level Students must also complete Section 24-25.

1. Mr ___ Mrs ___ Ms ___ Fr ___ Sr ___ Dr ___

2. SURNAME: _____

3. FORENAME: _____

4. DATE OF BIRTH: _____

5. NAME ON PASSPORT: _____

COPY OF Passport Enclosed YES NO

Passport Number: _____

Expiry Date: _____

VALID EHIC Card YES NO

Expiry Date: _____

Card Number: _____

6. CURRENT ADDRESS: _____

Phone No's: _____

Mobile No's: _____

7. Email address: _____

8. Next of Kin in case of emergency

Name _____

Phone No.: _____

9. Have you travelled with The Irish Pilgrimage Trust before? Yes No

If yes, Group No: _____ Year _____

If you have been invited to join a group, who is The Group Leader

Office Use Only	Group Number	SCAN	Fare Rec'd	Vetting Rec'd

10. TWO REFEREES REQUIRED - NOT RELATED TO YOU

Please give the name, address and daytime phone number of someone who has experience of your involvement with young people or Garda, Clergyman, Doctor, Solicitor, School Principal and who could supply a character reference:

A. Name: _____

Position: _____

Address: _____

Mobile Number: _____

Daytime Phone Number/s: _____

Email: _____

B. Name: _____

Position: _____

Address: _____

Mobile Number: _____

Daytime Phone Number/s: _____

Email: _____

11. Please give details of any previous work or involvement with children or young people, either as a volunteer or in paid employment:

12. Have you completed Manual Handling Training in the last 3 years? YES/NO

If yes: Year completed _____

Trainer/Company: _____

Have you completed People Moving and Handling training in the last 3 years? YES/NO

If yes: Year completed _____

Trainer/Company: _____

13. Please list any other information that you feel might be useful (e.g. Special skills/talents, Qualifications, etc.)

Do you speak French, what level?

14. Do you have any of the following Medical Condition?

Diabetes Type 1/Type 2	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>
Cancer	<input type="checkbox"/>
Rheumatoid Arthritis	<input type="checkbox"/>
Inflammatory Bowel Disease	<input type="checkbox"/>

If "yes" please give details and list medication:

15. Do you use a Wheelchair/Walking Aid YES/NO

16. Have you lived in England/Scotland/Wales in the past 5 years? YES/NO

17. If you are a Full-time 3rd Level Student, which College do you attend: _____

18. The following information is required for safeguarding:

Have you ever been, or are you currently, the subject of any investigation, complaint or disciplinary procedure, caution, or awaiting the outcome of any pending prosecution? Yes No

Have you ever been convicted of a criminal offence, or been subject to caution or bind over against an individual or individuals? Yes No

Has an order ever been made against you in respect of a child in your care, which has been found to be in need of care, protection or control? Yes No

19. I hereby declare that the details on this form are correct at the date below.

I have read and understood the Trust's Code of Practice and the Trust's Safeguarding Policy (both available on www.irishpilgrimagetrust.com) and I am suitable in every way to perform the work and duties of a volunteer / carer.

I undertake to advise the Trust if any incident or occurrence arises, or is brought to my notice, between completion of this form and my participation in The Irish Pilgrimage Trust activities, concerning matters referred to in Question 18 above. I undertake to provide any further relevant information and advise The Irish Pilgrimage Trust of any changes after the date below in the information supplied on this form.

I will not use or bring any illegal substances on The Irish Pilgrimage Trust pilgrimage. I agree not to be under the influence of alcohol or any other substance which might reduce the standards of care and behaviour required. I agree to comply with directions received from The Irish Pilgrimage Trust on these matters.

I give permission for The Trust to use Photographic material in all its publications, Hardcopy, Electronic and Internet.

The information provided by you on this Volunteer Form may be used by The Irish Pilgrimage Trust to assist the Trustees and Group Leaders in deciding who best to nominate/choose as Carer on the Easter Pilgrimage, Hosanna House and/or Friendship Weeks in Cois Cuain/Kilcuan.

The information may be disclosed to the Trust Medical Doctor, Trustees and Group Leaders.

You, as the provider of the information are entitled to a copy of the information on request.

You, as the provider of the information are entitled to rectify the information if inaccurate or processed unfairly.

I understand and accept that I am required to complete and pass the online carer's training course as part of this application to act as a Carer with The Irish Pilgrimage Trust.

Signature: _____

Date: ___/___/___

20. General Information

Please contact the office in relation to current fares/cost for our Easter Pilgrimage, Hosanna House and Friendship Week in Kilcuan/Cois Cuain (091 796622)

As the Trust is dependent on Fundraising and donation to continue its work, each carer is ask to help fundraise with their Group.

21. National Vetting Bureau vetting

All Carers in Southern Ireland **MUST** complete the National Vetting Bureau (NVB) Vetting form (NVB2)

Please check if your Vetting is in date with The Irish Pilgrimage Trust
Phone 091 796622

If under 18 **MUST** also complete

National Vetting Bureau – Parent/ Guardian Consent Form

All forms are available on our website
www.irishpilgrimagetrust.com

22. OVER 70 SECTION

*If you are OVER 70 years, the information below **MUST** be completed & signed by your Family Doctor.*

The following information is required for medical and insurance purposes.

In my opinion, _____ is medically fit to travel to Lourdes/attend Friendship Week as part of The Irish Pilgrimage Trust.

Signed _____

Name (Please Print):

Date: ___/___/___

SURGERY STAMP

23. GROUP NURSE SECTION

PLACE of WORK: _____

QUALIFICATIONS: _____

P.I.N. _____

Expiry Date: _____

Please enclose a copy of your

Current Nursing and Midwifery Board of Ireland renewal Letter

OR

Current Cert UK CC renewal

Specialist Training _____

As Group Nurse, I have read the Code of Practice, Safeguarding Policy and the Protocol for The Irish Pilgrimage Trust Group Nurses and I agree to adhere to them. (all available on our website www.irishpilgrimagetrust.com)

YES / NO

Signature: _____

Date _____

24. Under 18 – STUDENT CARER

Permission to Travel & Health Form

2nd LEVEL STUDENT FULL NAME (print)

I confirm that:

- (a) The above named person will be able to travel to Lourdes/attend Friendship Week, and is aged over 16 and under 18.
- (b) The above named person will not bring any unprescribed medication or illegal substances.
- (c) In the event of an emergency, where urgent medical treatment is required, I authorise any one of the following officials of The Irish Pilgrimage Trust, Kilcuan, Clarinbridge, Galway, to sign on my behalf any form of consent required by any medical authorities.

French Translation: En cas d'urgence, où des soins médicaux urgents seraient nécessaires, j'autorise n'importe lequel des responsables suivants de TRUST de signer à mon nom un formulaire de consentement exigé par les responsables médicaux.

Trust Chairperson
Trust Doctor
Trust Nurse
National Co-ordinator
Hosanna House Group Leader
Friendship Week Group Leader

- (d) Please advise if the above named person has any medical condition that we should be aware of,
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Please contact The Trust if there is any change in the above named person's condition or medication.

SIGNED _____

Parent Guardian Other

If 'Guardian' or 'Other', please specify under what authority

25. Guidelines/Rules for 2nd Level Student

The following guidelines and rules will apply to all 2nd Level Student Carers travelling to Lourdes, attending Friendship week or participating in other Trust activities.

Student Carers are representing their respective schools, and therefore all school rules apply during the pilgrimage.

In the interests of the overall safety and welfare of all group members, the following rules apply

- Student Carers must be aged over 16.
- The consumption of alcohol and illegal substances/drugs are forbidden, smoking is never permitted in front of the young people in our care.
- The Group Leader must always be aware of the whereabouts of the Student Carer. Student Carer will not leave the Group or activity area unless accompanied by other Carers to include Youth Group meeting, reconciliation service, Hosanna House, Kilcuan, Cois Cuain etc.
- A Curfew of 12 midnight applies to all Student Carers, including those who are 18 or over.
- Second Level Student Carers must show respect and act responsibly at all times to the other members of the group.

Second Level Student Carer must accept the authority of the Group Leader in all matters.

The Trust's Pilgrimages to Lourdes/Hosanna House and Friendship week is a wonderful experience to be enjoyed by everyone who participates. These Guidelines are in place to ensure the safety and enjoyment of all.

Signatures:

STUDENT

PARENT/GUARDIAN

I (Parent/Guardian) give my permission for The Trust to use Photographic material in all its publications, hardcopy, electronic and internet.

PARENT/GUARDIAN