

**Waverley School  
Volunteers/Work experience/GTP etc...**

**Date form completed:**

**Date of activity:**

**Class:**

**Person responsible:**

**Full Name:**

**Previous surname:**

**D.O.B:**

**Car Reg:**

**Address:**

**Email address:**

**Contact telephone number:**

**DBS number:**

**Issue Date:**

**Any medical conditions?**

**Next of Kin(Name/Address/Contact telephone)**

**Name:**

**Address:**

**Telephone number:**

**Details i.e. Volunteer/work experience etc...) i.e.Trip**

**Duties:**

**Office use:**

1)Proof of (ID) – Picture evidence:      Driving licence/Passport    Other Please specify \_\_\_\_\_  
2) Proof of DBS      Yes/No  
3) Keeping children safe in Education form    Yes/No    4) Code of Conduct form Yes/No      5)Golden Rules    Yes/No  
6) School complete DBS      Yes/No  
7) Pay for DBS      Yes No      If yes how much \_\_\_\_\_

\*\*\*Once the DBS arrived please inform Lorraine Bennett and ask them to bring proof of DBS

8)DBS seen      Yes/No

**This form needs to be approved and signed by Gail Weir, Deputy Head or Assistant Heads.**

**Signature:**

**Date:**

**I agree that I will always be with a member of staff at Waverley School and not left on my own without any supervision at any time:- Please sign**

**Signed:**

**Date:**

