



Houghton and Wyton Timebank

For Office Use Only:

Date

TOL2 Username.....

Refs sent.....

Refs Received.....

REGISTRATION FORM (this form is confidential and is stored safely in accordance with our privacy policy at all times) Information requested is for your safety and security and to safe guard all Timebank members.

Personal Details

Title:	Name:	Gender:
D.O.B:	Home Telephone No:	Mobile No:
Email:		Internet User: Yes / No
Address:		
Living: Alone / with family / with spouse / Other		

Mobility and Transport

Please give details of any disabilities or mobility problems: (NB: This is to give us an indication of assignments that would or would not be suitable for you) State if use mobility aids eg: wheelchair, crutches.

Emergency contact

Name:	Relationship	Contact Number
Doctor's Surgery:		

State any allergies or anything we need to be aware of:

If you have a Police record you can still volunteer, however the nature of volunteering is such that you are Exempt from the Rehabilitation of Offenders Act 1974. In some cases, a Police check may be required because of access to vulnerable people.

Do you have any criminal convictions/offences? **Yes/No**

If yes to this question above please send details in separate envelope addressed personally to the Coordinator. Confidentiality will be maintained.

Do you have a Criminal Records Bureau (DBS) Check? **Yes/No**

What organisation is your DBS check for?

What type of tasks would you like to be done or helped with at the moment? (no need to earn hours before you ask)

Timebank Standards of Care

As a participant of Timebank I agree to:

- Respect another participant’s privacy or confidentiality. Respect other participant’s viewpoints, and to not pressurise another participant to accept my religious beliefs or political views.
- Not involve my friends or relatives in time bank activities by bringing them to a participant’s home or venue of time exchange, unless agreed with the Time Bank as being part of a group activity.
- Not ask for or accept money, gifts or tips from other participants. Not eat or drink a participant’s food and drink, unless invited to do so. Respect a no smoking policy in a participant’s home or venue of time exchange. Not use any possessions of the participant, including the telephone, unless given clear permission to. Always treat other participants respectfully. Not exchange hours unless the time bank is aware (otherwise forfeit insurance cover). Time bank respect and support the 2010 Equality Act. Our Policy Statement is available on request.

By signing this form, you consent to your information being stored by Houghton & Wyton Timebank, you will be subscribed to our email service and will receive newsletter and mailings. Consent maybe withdrawn at any time by contacting the Timebank coordinator.

The Timebank will maintain a photographic record of the activities undertaken by participants. These may be used in our newsletter and for general publicity, including the Timebanks UK website.

I give my permission for photos to be used for the Time Bank publicity. Yes/No

I agree to abide by the above Standards of Care, and confirm that the information given on this form is correct to the best of my knowledge

Signature:	Date:
Print Name:	
<u>Parent or Guardian Signature if under 18.</u> Signature:	Date:
Print Name:	

References

We want to ensure that as a Timebank Member you and your family are safe, so for everyone involved in the scheme we take up references. References should not be from a spouse or partner or an immediate member of your family, but can be a friend or neighbour.

Reference 1	Reference 2
Name:	Name:
Address:	Address:
Telephone / Email	Telephone / Email

