



grassmarket
community project

Office Use Only	Date
Completed/ handed In	
Registration interview done	
Induction Completed	
Entered onto ACT!	

Member Registration/Volunteer Form

- We are a community – everyone completes this form -

Member/Volunteer Name:

Checked (staff initials):

Induction Date set:

Appointments:

Confidentiality Policy

We at the **Grassmarket Community Project** aim to create a safe supportive environment whereby people feel able to share, talk and discuss any matter. **What is discussed within this Project will be held as confidential within the Grassmarket Community Project.** We will not disclose to others the content or process of your time at the Grassmarket *without* your permission. To adhere to legislation we may need to communicate with statutory services such as the Police or Social Work who request information. This will be with your full knowledge as much as is reasonably possible.

If you disclose to us that someone is at serious risk of harm or abuse, or that you intend to harm yourself, we reserve the right to take such action as in our professional judgement we feel is essential. We will usually do this with your full knowledge. If necessary we may act without your permission to protect others or safeguard your wellbeing as we may feel morally bound to do.

We may need to inform Lead Volunteers and Staff of any information that may be relevant to an activity e.g. medical history for a walking group. This is on a *need to know* basis only.

Any information you give is kept under lock and key, the office is locked if there are no staff in there. Any on line information is password protected. If you wish to discuss this further, please do not hesitate to contact a member of staff.

PART A - Member Information

About You

First Name _____ Second Name _____
Known As _____ Date of Birth _____
Nationality _____ Gender _____

Contact Details

Address _____
Post Code _____ Contact Number _____
Email Address _____
May we contact you by (please tick): Email _____ Phone _____

Emergency Contact Details

Name _____ **Phone** _____
Address _____
Relationship to you _____

Referrer/Support Worker Contact Details (if applicable)

Name _____ Phone _____
Address _____

Are you registered with a Doctor's Surgery?

Yes No
Please state name, address and contact number of surgery.....
.....

How did you hear about Grassmarket Community Project? (Please tick one only)

- | | |
|---|---|
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Current Member |
| <input type="checkbox"/> Another Organisation | <input type="checkbox"/> Other |
| <input type="checkbox"/> Website | Please give details |
| <input type="checkbox"/> Support Worker | _____ |

Why did you come to Grassmarket Community Project? (Please tick all that apply)

- | | |
|--|--------------------------------|
| <input type="checkbox"/> To attend workshops/classes | <input type="checkbox"/> Other |
| <input type="checkbox"/> To get support finding employment | Please give details |
| <input type="checkbox"/> To keep busy/have something to do | _____ |
| <input type="checkbox"/> To make friends | |
| <input type="checkbox"/> To volunteer/help others | |



PART B - Background [Please do not complete the shaded area]

We welcome all people from all backgrounds as members and volunteers. We want to ensure that we are able to provide you with the best support in the project.

Please can you let us know if you have any experience of any of the following issues? Please tick any and/or all that apply presently or within the last 3 years

- | | |
|---|--|
| <input type="checkbox"/> Social isolation / loneliness | <input type="checkbox"/> Violence / anger management |
| <input type="checkbox"/> Rough sleeping / Homelessness | <input type="checkbox"/> Difficulty establishing relationship |
| <input type="checkbox"/> Temporary/vulnerable housing | <input type="checkbox"/> Difficulty interacting in Groups |
| <input type="checkbox"/> Unemployment / insecure work | <input type="checkbox"/> Recent bereavement |
| <input type="checkbox"/> Being on benefits | <input type="checkbox"/> Being looked after / in-care |
| <input type="checkbox"/> Being on low pay | <input type="checkbox"/> Being in the armed forces |
| <input type="checkbox"/> Refugee / Asylum Support | <input type="checkbox"/> Being in prison |
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Any other issue or difficulty you have faced that you would like to make us away of? Please specify |
| <input type="checkbox"/> Long term illness | _____ |
| <input type="checkbox"/> Neurological disorder /Learning difficulty | _____ |
| <input type="checkbox"/> Mental health issues | _____ |
| <input type="checkbox"/> Drugs and/or alcohol issues or problems | _____ |

PART B Office Use Only: This will be completed by yourself and GCP staff together

PART C - Criminal Records Declaration

1. Have you had any recent trouble with the police? [3] Yes No

If **yes**, please describe.....
.....

2. Do you have friend or family member with regular involvement with the police? [2]

Yes No If **yes**, please describe.....
.....

3. Have you been affected recently by a crime? [2] Yes No

If **yes**, please describe.....
.....

4. Do you have any criminal convictions; either spent or unspent?

Volunteers/members are required to disclose any unspent convictions or cautions and any spent convictions for offences included in schedule A1, 'OFFENCES WHICH MUST ALWAYS BE DISCLOSED' of the Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Amendment Order 2015. Volunteers/Members are not required to disclose spent convictions for offences included in Schedule B, 'OFFENCES WHICH ARE TO BE DISCLOSED SUBJECT TO RULES' until such time as they are included in a higher-level disclosure. **You may wish to seek legal advice.**

Yes No If yes, please specify the date, nature of offence(s) and sentence imposed:

PART C- Office Use Only: This will be completed by yourself and GCP staff together

PART D - Equal Opportunity Monitoring & Fire Plan

How would you describe your ethnicity? (Please circle one only)

<u>White</u>	<u>Mixed</u>	<u>Black/Black British</u>	<u>Asian/Asian British</u>	<u>Chinese/Other</u>
British	White/Black Caribbean	Caribbean	Indian	Chinese
Irish	White/Black African	African	Pakistani	Any other*
Other European*	White/Asian	Other Black*	Bangladeshi	
Other White*	Other Mixed*	Other Asian*		

*Please state which _____

What is your sexual orientation?

Heterosexual · Gay /lesbian · Bisexual ·
Prefer not to say · Other · if other, please specify:

PART D - Monitoring & Fire Safety Plan (office use only) & additional notes

DECLARATION - Certification [this must be signed]

I certify that all information contained on this form is true and correct to the best of my knowledge. I realise that false information or omissions may affect my status as a member with the Grassmarket Community Project.

I also understand that should I incur any criminal convictions after filling in this form, I must inform the Grassmarket Community Project.

Signature _____ Date ____ / ____ / ____

Signature (GCP staff member – checked) _____ Date ____ / ____ / ____

- Thank you –

You can email this completed form to join@grassmarket.org or drop in/post to:
Grassmarket Community Project, 86 Candlemaker Row, Edinburgh EH1 2QA