Chowns Hill  
Hastings  
TN35 4PA

**Tel: 01424 752121**

Registered Charity 206314

**Fostering Application Form**Volunteer Position

|  |  |  |  |
| --- | --- | --- | --- |
| Full name |  | | |
| Address |  | | |
| Telephone number(s) |  | | |
| Email address |  | Please tick this box if you would like to receive our e-newsletter |  |
| Date of birth |  | | |
| Where did you hear about us? |  | | |

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| --- |
| **You are interested in fostering:**   * Single cat  Pair of cats    Kitten(s) (hand-rear)  Senior cat (possibly palliative care)  Any  Have you fostered animals before?  Yes  No |
| **A little bit about your home and lifestyle:**  Who lives at home?\_\_\_\_\_ Adults \_\_\_\_\_ Children Children’s ages\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Any visiting children? \_\_\_\_\_ Do you own any pets?  Cats  Dogs  Other, please state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Are they neutered?  Yes  No Have they been vaccinated?  Yes  No  Do you have your own transport?  Yes  No  Will the cat be left alone regularly?  Yes  No   If yes, please state the reason and for how long. |

|  |
| --- |
| Please tell us your experience of handling and caring for cats and why you would like to be a fosterer. |

**How we use your information**

The RSPCA national Society uses the personal data you give us for the purpose of achieving its animal welfare objectives. This might involve specifically:

* keeping administrative records
* contacting you in the future about other volunteering opportunities

You don’t have to give us your telephone number or email address for these purposes but if you do, we will only use them for   
contacting you in relation to your volunteering.

If your application is more suited to a volunteering opportunity within another RSPCA branch, a separately registered, volunteer-run charity, we may forward your details so the branch may contact you about this. If you agree to your information being shared in this way, please tick this box:

Should you wish to change your communication preference or find out more about how we use your personal data please visit [www.rspca.org.uk/privacy](http://www.rspca.org.uk/privacy) or contact your local branch (a separately registered charity and data controller) or animal centre for   
further details.

**Volunteer Declarations**

**ELIGIBILITY TO VOLUNTEER IN THE UK**

By completing this form, I confirm that I am eligible to volunteer in the UK and understand that I am applying for a non remunerated, voluntary role. If you are from outside the EU or European Economic Area we advise you refer to the UK Border Agency website for information about your eligibility to volunteer in the UK. [www.ukba.homeoffice.gov.uk](http://www.ukba.homeoffice.gov.uk)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **VOLUNTEER SIGN ATURE**  I confirm that the information I have provided on this form is true and complete. I understand that any false information may result in the withdrawal of any offer of a voluntary role. I understand that I may be asked to produce evidence of identification, address and status in the UK when applicable.   |  |  |  |  | | --- | --- | --- | --- | | **Signature** |  | **Date** |  | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referees**Please supply details of two people we can contact for a confidential reference. If possible, one of these should be a professional referee such as a current or previous employer or a school teacher.

Please ensure that you have asked your referees’ permission to provide their contact details and for us to contact them.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | |  | | | | |  | **Name** | |  | | | | |
| **Address** | | |  | | | |  | **Address** | | |  | | | |
|  | | | | | | |  |  | | | | | | |
|  | | | | | | |  |  | | | | | | |
| **Postcode** | | | |  | | |  | **Postcode** | | | |  | | |
| **Telephone no** | | | | |  | |  | **Telephone no** | | | | |  | |
| **Email** |  | | | | | |  | **Email** |  | | | | | |
| **Relationship of referee to you** | | | | | |  |  | **Relationship of referee to you** | | | | | |  |

**Thank you for taking the time to complete this form.**

**Please return the form to:**   
Bluebell Ridge Cat Rehoming Centre, Chowns Hill, Hastings, TN35 4PA   
or email [rspcabluebellridge@hotmail.co.uk](mailto:rspcabluebellridge@hotmail.co.uk)

**This page is for RSPCA use only.**

**FOR RSPCA USE ONLY**

**Use this page to record recruitment progress and as a checklist to ensure all steps have been completed.**

**Pre-selection checks:**

**Is a suitable role available? ⃞**

**If the applicant is U18, check parent/guardian consent provided ⃞**

**Interview:**

**Do you wish to Interview? Yes ⃞ No ⃞**

***If no, please make contact with the applicant to let them know***

**Date of first contact/invite to interview \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of interview/group induction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of interviewer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Was the applicant successful? Yes ⃞ No ⃞**

***If no, please make contact with the applicant to let them know***

**Start date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Induction date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Trial period agreed ⃞**

**References requested ⃞**

**New Volunteer Check-list:**

**Reference 1 returned ⃞**

**Reference 2 returned ⃞**

**Online H&S modules completed ⃞**

**Medical form completed ⃞**

**Driver declaration and checks completed (if applicable) ⃞**

**Code of Conduct/Volunteer Agreement signed ⃞**

**Induction Pack (copies of policies) provided ⃞**

**Help and support regarding the recruitment process and inductions can be found on The Link.**