

## SAFEGUARDING &amp; VOLUNTEERING

# Volunteer Consent Form

Hindle's School of Excellence Limited

|                                                                                                                                                                                                                                                  |                |                 |                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------|----------------------------------|
| <b>Version</b>                                                                                                                                                                                                                                   | 2.0            | <b>Reviewed</b> | 5 September 2026                 |
| <b>Next review</b>                                                                                                                                                                                                                               | September 2027 | <b>Site</b>     | 115 Rochdale Road, Bury, BL9 7BA |
| Please complete all relevant sections. A parent or carer with parental responsibility must also sign if the volunteer is under 18. Consent does not replace safer-recruitment, safeguarding, supervision or DBS checks where these are required. |                |                 |                                  |

## 1. Volunteer details

|                            |  |
|----------------------------|--|
| <b>Full name</b>           |  |
| <b>Preferred name</b>      |  |
| <b>Address</b>             |  |
| <b>Postcode</b>            |  |
| <b>Date of birth</b>       |  |
| <b>Pronouns (optional)</b> |  |
| <b>Mobile number</b>       |  |
| <b>Email address</b>       |  |

## 2. Emergency contact

|                                  |  |
|----------------------------------|--|
| <b>Name</b>                      |  |
| <b>Relationship to volunteer</b> |  |
| <b>Daytime contact number</b>    |  |
| <b>Alternative number</b>        |  |

## 3. Health, accessibility and emergency information

Please tell us only what we need to know to support safe participation. Information will be handled confidentially and shared only where necessary.

- ☐ I have no health condition, allergy, disability, medication or support need that Hindle's needs to know about.
- ☐ I would like to discuss a health condition, allergy, disability, medication, reasonable adjustment or emergency support need.

|                                                 |  |
|-------------------------------------------------|--|
| <b>Relevant information / support requested</b> |  |
| <b>Action to take in an emergency</b>           |  |

## 4. Volunteer agreement

By signing this form, I confirm that I understand and agree that I will:

- ☐ follow Hindle's safeguarding and child-protection procedures, staff/volunteer code of conduct, health and safety arrangements, confidentiality requirements and reasonable instructions;
- ☐ maintain appropriate professional boundaries and never arrange unauthorised contact with learners, including through personal social-media accounts;
- ☐ report safeguarding, welfare, conduct, accident, near-miss or data-protection concerns immediately to the designated person;
- ☐ not photograph, record or publish information about learners unless specifically authorised as part of my role;
- ☐ keep personal, educational, medical and safeguarding information confidential, except when disclosure is required to protect a child or comply with the law;
- ☐ work only within the role, activities and level of supervision agreed by Hindle's; and
- ☐ tell Hindle's promptly if information relevant to my suitability, safety or agreed volunteering arrangements changes.

I understand that volunteering is unpaid, does not create a contract of employment and may be ended by me or Hindle's School of Excellence. Hindle's may require identity, reference, right-to-work or DBS/safeguarding checks appropriate to the role before volunteering begins.

|                                    |  |
|------------------------------------|--|
| <b>Volunteer role / activities</b> |  |
| <b>Proposed start date</b>         |  |
| <b>Usual days / times</b>          |  |
| <b>Named supervisor</b>            |  |

## 5. Volunteer declaration and consent

- ☐ I wish to volunteer at Hindle's School of Excellence Limited and confirm that the information I have provided is accurate to the best of my knowledge.
- ☐ I have read, or have been given access to, the relevant safeguarding, conduct, confidentiality, health and safety and data-protection information.

|                            |  |
|----------------------------|--|
| <b>Volunteer name</b>      |  |
| <b>Volunteer signature</b> |  |
| <b>Date</b>                |  |

## ADDITIONAL PERMISSIONS

# Trips and Image Consent

Complete each choice separately. Saying no will not affect the volunteering opportunity unless the activity is an essential part of the agreed role.

## 6. Off-site visits and trips

Trip-specific information, including destination, dates, transport, supervision and risk controls, will be provided before attendance. Additional consent may be requested for higher-risk, residential or unusual activities.

- ☐ YES — I consent to taking part in routine, pre-arranged off-site visits connected with the volunteer role.
- ☐ NO — I do not consent to taking part in off-site visits.

|                                           |  |
|-------------------------------------------|--|
| Any trip restrictions or support required |  |
| Volunteer initials                        |  |
| Date                                      |  |

## 7. Photography, video and audio

Please choose each permitted use. Hindle's will not use an image or recording for an unticked purpose. Consent can be withdrawn for future use by contacting the Director; withdrawal may not remove material already printed or lawfully published.

- ☐ Internal records, displays, learning evidence or celebration within Hindle's premises and secure systems.
- ☐ Hindle's printed publicity, including leaflets, posters and prospectus materials.
- ☐ Hindle's website and official social-media accounts.
- ☐ External media or partner publicity — only after separate notification where reasonably practicable.
- ☐ I do NOT consent to identifiable photographs, video or audio being used for publicity.
- ☐ I consent only if I cannot be identified, for example group/back-of-head images with no name.

|                    |                                                                                                              |
|--------------------|--------------------------------------------------------------------------------------------------------------|
| Name preference    | <input type="checkbox"/> Full name <input type="checkbox"/> First name only <input type="checkbox"/> No name |
| Volunteer initials |                                                                                                              |
| Date               |                                                                                                              |

Hindle's cannot control copies or onward sharing by third parties after content is published online. Personal devices must not be used to take images unless expressly authorised under Hindle's procedures.

## 8. Data protection

Hindle's School of Excellence Limited will use the information in this form to assess and manage the volunteering arrangement, protect health and safety, meet safeguarding duties, communicate with the volunteer and keep appropriate records. Information may be shared where necessary with authorised staff, emergency services, safeguarding agencies, insurers, regulators or other organisations where there is a lawful reason. Records will be stored securely and retained in line with Hindle's retention schedule and privacy information.

- ☐ I confirm that I have been given access to, or told how to obtain, Hindle's relevant privacy information.

## 9. Parent/carers consent — required if the volunteer is under 18

I confirm that I have parental responsibility, or authority to give this consent, for the young person named in this form. I consent to their volunteering at Hindle's School of Excellence Limited under the arrangements described, subject to appropriate risk assessment, supervision and safeguarding procedures.

- ☐ I agree to the volunteer's participation in the role and activities described in section 4.
- ☐ I agree to the trip choice completed in section 6.
- ☐ I agree to the image/recording choices completed in section 7.

|                                     |  |
|-------------------------------------|--|
| <b>Young person's full name</b>     |  |
| <b>Parent/carers full name</b>      |  |
| <b>Relationship to young person</b> |  |
| <b>Address (if different)</b>       |  |
| <b>Contact number</b>               |  |
| <b>Email address</b>                |  |
| <b>Parent/carers signature</b>      |  |
| <b>Date</b>                         |  |

## 10. Office use only

| Safer-recruitment checks                                                                                                                                                                                                                                                    | Induction and authorisation                                                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Identity checked<br><input type="checkbox"/> References completed / assessed<br><input type="checkbox"/> DBS eligibility assessed<br><input type="checkbox"/> DBS completed if required<br><input type="checkbox"/> Role risk assessment completed | <input type="checkbox"/> Safeguarding induction<br><input type="checkbox"/> Code of conduct / boundaries<br><input type="checkbox"/> Health and safety / fire procedure<br><input type="checkbox"/> Confidentiality and data protection<br><input type="checkbox"/> Named supervisor confirmed |
| Check completed by: _____                                                                                                                                                                                                                                                   | Approved by: _____                                                                                                                                                                                                                                                                             |
| Date: _____                                                                                                                                                                                                                                                                 | Start date: _____                                                                                                                                                                                                                                                                              |

## Return this form to

Joanne C. Hindle, Director  
 Hindle's School of Excellence Limited  
 115 Rochdale Road

Bury  
BL9 7BA