



**Please read the following before you complete your registration forms.**

If you would simply like more information about the project or have any questions please contact one of the BeMMaD team on...

Tel           01473 408062  
Email       [info@bemmad.co.uk](mailto:info@bemmad.co.uk)  
Web          www.bemmad.co.uk

Before you continue, please ensure you have spoken to a member of the BeMMaD team and have been advised to register.

**Registration**

If you are currently involved or about to be involved in a BeMMaD project then please complete the three forms included in this document. This will give us all the information required to register you with v for official recognition as a volunteer with a BeMMaD project. The three forms are...

- Registration Form
- Equal Opportunity Monitoring Form (anonymous)
- Photographic and Interview Consent Form.

Your participation in a BeMMaD project requires these forms are completed.

Please print the three forms included in this document document, complete clearly, and return to:

BeMMaD Team  
The Suffolk EBP  
Felaw Maltings  
44 Felaw Street  
Ipswich  
IP2 8SJ

***Thank you.***



# BeMMaD in Suffolk

## VOLUNTEER REGISTRATION FORM

Name:					
Address:					
				Postcode:	
Telephone No:					
Email:					
Date of birth:				Age:	
Gender:	Male		Female		Trans-gender
Have you volunteered in the last 12months?	Yes		No		
If yes, please give details:					

**Permission to store and use personal data and information:** For ease of storage, and to be able to contact you, the vinolved BeMMaD in Suffolk Project collects the information that you have provided on an electronic database. Please confirm that you agree to this by signing and dating below:

Signed:		Date:	
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**FOR OFFICE USE ONLY:**

Entered on Database by	
Date	
First Opportunity	

## MONITORING FORM

These details will only be used to report statistical information to v. Your personal information will not be shared.

Please only tick one box in each category.

<b>Ethnicity:</b>	
<u>Asian or Asian British</u>	<u>Dual Heritage</u>
Indian	Black Caribbean and White
Pakistani	Black African and White
Bangladeshi	Asian and White
Other Asian background	<u>Roma and Travellers</u>
<u>Black or Black British</u>	Roma
Caribbean	Irish Traveller
African	Other Traveller
Other Black background	<u>White</u>
<u>Chinese</u>	White British
Chinese	White Irish
<u>Other</u>	Other White background
Other ethnic group	<u>Prefer not to say</u>

<b>Disability:</b>	<b>Education:</b>
Learning difficulty	No qualifications
Learning disability	Below Level 2 (less than 5 GCSE)
Long term or life-limiting illness	Above Level 2 (more than 5 GCSE)
Mental health issue	NVQ or equivalent
Multiple disabilities	A Level
Physical disability	Degree
Sensory disability	Post graduate
None of the above	Other
Prefer not to say	Prefer not to say

<b>Employment, Education and Training Status :</b>	<b>Sexual Orientation:</b>
Employed	Bi-sexual
Not in employment, education or training	Gay
In education/learning	Heterosexual
In training	Lesbian
Self employed	Other
Other	Prefer not to say
Prefer not to say	

<b>Additional information :</b>	
Low income	Refugee/Asylum Seeker
Homeless	Lone Parent
At risk of exclusion	Young Carer
Offender/Ex-Offender	None of the above
In or leaving care	Prefer not to say
Other	

## **MONITORING FORM (continued)**

<b>Progression (To be completed at evaluation):</b>	
Further volunteering	
No longer volunteering	
Into employment	
Into education	
Into training	
Other	
Prefer not to say	

**FOR OFFICE USE ONLY:**

<i>Added to monitoring ss:</i>	<i>Date:</i>		<i>Initials:</i>		<i>Monitoring Quarter:</i>	
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# BeMMaD in Suffolk

## PHOTOGRAPHY AND INTERVIEW CONSENT FORM

Suffolk Education Business Partnership is operating a **v**involved project with funding from **v**, which is the youth volunteering charity. We would like to use your photographs and/or interviews to promote youth volunteering. We hold the right to use the photos we take and will use them to promote youth volunteering.

Your photos and interview may be given to the media (print, broadcast and online) to be included in news or feature articles about youth volunteering.

Please sign below to indicate your consent to be photographed or interviewed and for these to be used by the charity **v**, and the project you are volunteering with.

This form is designed to protect the interests of the young person and to give Suffolk Education Business Partnership and **v** permission to use any photographs and interviews for these purposes.

If you have any concerns or questions please call Maria Mason, BeMMaD in Suffolk Project Manager, on 01473 408062.

Name	
Date of birth	
Address – home (include postcode)	
Telephone Number	
Address – term time (if different) (include postcode)	
Email address	
Signature	
Date	