❒ **Brecon Beacons National Park Authority**

***Office use only:***

Date rcd: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rec by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *DB* ❒  *Permit* ❒ *Ind.* ❒ Volunteer I.D \_\_\_\_\_\_

**Upland Paths Volunteers Application**

**Title**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Surname**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Forenames**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Postcode**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mobile**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NB: Please ensure email address is written as it appears on your email account**

**Which method of contact do you prefer?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. How did you hear about volunteering opportunities with the National Park Authority?**

Contact with Authority staff ❒

Word of mouth/recommendation ❒

Speculative enquiry ❒

Newsletter ❒

The National Park website ❒

Other (please state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. How many days would you realistically be able to commit to the scheme per season?** *(10 days is the minimum expected per volunteer per season)*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Please let us know the following:**

I have previous experience of maintaining upland paths Yes / No

Please indicate your experience and competence of hill walking including any qualifications:

Little experience very experienced (please circle)

1 2 3 4 5 6 7 8 9 10

Walking Group Leader

Mountain Leader

Hill and Moorland Leader

Other

**4. Please set out below how you feel you meet the knowledge, skills and experience described in the Role Profile document:**

**5. Which days are most suitable for you to volunteer with the National Park Authority?**

Please state: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Weekends ❒ Weekdays ❒ Bank Holidays ❒

**6. Please list any other experience/qualifications/skills you have which may be relevant to the role:**

**7. Do you hold an up to date First Aid certificate?** Yes ❒ No ❒

If yes, please give expiry date and name of qualification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. Do you have an up to date UK driving license?**  Yes ❒ No ❒

If yes, do you have access to a car for volunteering? Yes ❒ No ❒

**9. Do you speak Welsh?** Yes ❒ No ❒

If yes, please indicate what level: Beginner ❒ Intermediate ❒ Fluent ❒

**10. Do you have any medical conditions/ disability that BBNPA staff should be made aware of?**

**11. Under the terms of the Data Protection Act 1998, your consent must be obtained before the Brecon Beacons National Park Authority can use your image or personal details in any promotional materials or publications.**

I ........................................................................................................ hereby give permission for the above photographs and/or any drawings or adaptations thereof featuring my photograph to be published in any books, magazines, leaflets, exhibitions, and for web/electronic use and in any advertising and promotional material all of which may be distributed in any and all media (whether now known or hereinafter invented) for the full period of copyright protection of such books, magazines or other materials and/or the Photographs without reference or payment to myself. I acknowledge that I do not own or control the copyright or other intellectual property rights in the photographs. This consent extends to you, and your successors, licensees, sub-licensees and assignees.

Unless otherwise agreed, the Photograph(s) and any drawings or adaptations thereof shall not identify me.

I am eighteen years of age or over. (Images of children and/or adults under 18 years must be approved for use by the parent or guardian).

**Signed**.............................................................................................................................................

**Print name**…..................................................................................................................................

**Brecon Beacons National Park Authority takes the health and safety of staff, volunteers and visitors very seriously. By volunteering your services to the park you must be confident that your general level of health and fitness is appropriate for the tasks described in the role profile. Please contact us, prior to returning this form if you have any queries or concerns.**

**12. I believe that my level of health and fitness is suitable for the activities that I have indicated in Q4. I understand that, for practical tasks, I need to maintain regular tetanus immunisation.**

**13. I hereby, if applicable, authorise a Disclosure and Barring Service (DBS) check under the provision of the Rehabilitation of Offenders Act 1974 (Exception) (Amendments) Order 1986.**

**14. In exceptional circumstances the Authority reserves the right to decline a Volunteer’s application.**

**Signed**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Next of kin / emergency contact:***

**Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Telephone**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**The personal information given on this form is held by the Authority for purposes governed by the Data Protection Act 1998. You have a right of access to this information under the Act.**

**As a volunteer you may occasionally be asked to drive an Authority vehicle and to produce your driver’s licence for insurance purposes. The National Park Authority will require a copy of driving licence and will retain a copy in accordance with the Data Protection Act 1998**

**If you would prefer to receive this document in Welsh, please contact us at the address below:**

Jackie Thomas, Brecon Beacons National Park Authority, Plas y Ffynnon, Cambrian Way, Brecon, Powys, LD3 7HP

**Telephone**: 01874 620451 **E-mail**: jacqueline.thomas@beacons-npa.gov.uk