

**BERWICK ANIMAL RESCUE KENNELS –
REFERRAL QUESTIONNAIRE**

Referring organisation's Name:

Address.....

.....

Main Contact Tel No.....

Full Name of Volunteer.....

Address.....

.....

Doctor's Name..... Tel No.....

Doctor's Address.....

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If 'YES' please
give details

Is the applicant classed as a vulnerable adult? YES/NO

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Would support be given to the applicant from the referring organisation? YES/NO

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Will any additional support be required? YES/NO

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Under the rehabilitation of Offenders Act 1974, does the applicant have any unspent criminal convictions? YES/NO

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Has the applicant ever been investigated for fraud or theft. YES/NO

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Is there any disciplinary action outstanding against the applicant YES/NO

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I declare that, to the best of my knowledge, the above answers are true and correct.

Signed..... Date.....