

VOLUNTEER FORM

This form must be completed by:

- The parent or guardian if participant is under 18 years of age.
- The participant if he/she is over 18 years of age

PART A: PERSONAL CONTACT INFORMATION

Participant Name	
Participant Post code and address	Address: Postcode
Date of Birth	
Participant Email Address	
Participant Mobile Number	
Next of Kin details – phone number	Name: Relationship to Participant: Phone:
Medical Conditions / Disability and/or allergies	
Other information e.g young carer / LAC	
Welsh speaking?	YES / NO Level: BASIC / INTERMEDIATE / ADVANCED
Any Other relevant information.	T-Shirt Size: Swimming: Good / OK / Poor Dietary requirements:

I acknowledge receipt of and understand the information will be used for the purposes of recording and monitoring NLHF funded activities. I further give permission that any photographs, video or other media taken during this activity can be used for publication on, but not limited to, our social media outlets.

PART A: The information disclosed in this form will be recorded on an internal Hwb database and will not be given to any outside parties. The personal contact information will only be used for project staff to contact the volunteer in regard to the activity they are engaged within.

PART B: Ethnographic information will be kept for the duration of the NLHF project and will be destroyed no later than 2023. The ethnographic information will be separated from any personally identifying features and used to monitor and evaluate engagement trends.

I give permission for the information on this form to be used for monitoring, evaluation and contact.

Signed _____ Date _____

Relationship to Participant (if applicable/under 18)

Signature of Participant _____ Date _____



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PART B: ETHNOGRAPHIC INFORMATION

AGE: What is your age group?

0-10 11-17 18-25 26-34 35-45 46-65 65+

DISABILITY: Do you consider yourself to be disabled under the Equality Act 2010? Please circle.

YES NO PREFER NOT TO SAY DON'T KNOW

If YES, please circle; otherwise proceed to the next section.

- | | |
|---|---------------------------------------|
| A | Hearing impairment |
| B | Visual impairment |
| C | Speech impairment |
| D | Mobility impairment |
| E | Physical co-ordination difficulties |
| F | Reduced physical capacity |
| G | Severe disfigurement |
| H | Learning difficulties (e.g. dyslexic) |
| I | Mental ill health |
| J | Progressive conditions |
| K | Other (please specify) |

ETHNIC ORIGIN

- | | COLUMN A | COLUMN B |
|-----|--------------------------|--|
| | | ASIAN |
| (A) | British or Mixed British | (A) Bangladeshi |
| (B) | English | (B) Indian |
| (C) | Irish | (C) Pakistani |
| (D) | Scottish | (D) Any other Asian background (please specify) |
| (E) | Welsh | BLACK |
| (F) | Any other? | (E) African |
| | | (F) Caribbean |
| | | (G) Any other Black background (please specify) |
| | | CHINESE |
| | | (H) Any Chinese background (please specify) |
| | | MIXED ETHNIC BACKGROUND |
| | | (I) Asian and White |
| | | (J) Black African and White |
| | | (K) Black Caribbean and White |
| | | (L) Any other Mixed ethnic background |
| | | WHITE |
| | | (M) Any White background |
| | | ANY OTHER ETHNIC BACKGROUND |
| | | (N) Any other ethnic background (please specify) |

SEX: Please state your sex (the one you were assigned at birth)

Female Male
GENDER: Please state your gender

Female



Male



Other (please state)
CRONFA
DREFTADAETH
HERITAGE
FUND



SEXUAL ORIENTATION

Which group do you most identify with? The options are listed alphabetical order.

- (A) Bi-Sexual
(B) Gay woman/lesbian
(C) Gay man

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WORLD HERITAGE
YOUTH
AMBASSADORS

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