Requests for all PVG application forms should be made via e-mail to argyllhousereception@argyll-bute.gov.uk thus ensuring an audit trail from initial request to completion of application process.

Please save this form as a template as it will be required when placing requests for: PVG Scheme Membership for all Volunteers.



## The following questions must be completed by the applicant



All Questions below MUST be answered, Email this form to the email address above along with 3 forms of ID (e.g Passport, Driving Licence, Utility Bill, Bank Statement, Birth Cert, Council Tax)

1.	Name in full of the applicant. (If a female please state Ms, Miss, Mrs or Dr, Rev etc if applicable).										
	Title	Mr	Mrs	Miss	Ms	Rev	Dr	Lord	Lady	Cllr	
	First Name(s)			-				-			
	Surname										
2.	Full postal address to inc	lude posto	ode.								
	House Name										
	Street/Road										
	Town										
	Postcode										
	Email										
3.	The voluntary position to be carried out i.e. Parent Helper, School Helper, Students then more specifically Music, Art, Gardening, Transportation between venues etc., and how regularly the Volunteer's services will be required.										
	Voluntary position (e.g. school helper)										
	Specific Duties (e.g. reading, tr	transportation)									
	Timescale  Comments (multiple venue)			☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Rarely ☐ Multiple Venue							
4.	. Is the Volunteer already a			•		•			•	ested.	
	Is the applicant already a PVG Member?			CHILDREN				ADULT			
				O Yes		No		Yes	ONG	)	
	If Yes to above, insert na Organisation/Council	at				-					
5.	. ID Provided: Please tick ea	ach categor	y ID eviden	ce has been p	provided						
				of Address: tatement/Council Tax/Utility Bill				Other Document: Birth Certificate/Marriage/Certificate/Utility Bill			
		<u> </u>				<u> </u>			<u> </u>	,	
	NAME OF ESTABLISHMENT / SCHOOL MAKING REQUEST			CONTACT'S NA HEAD TEACHE							