**Registration Form**

**Contact details (to be completed by organisation requesting Pro Bono OR)**

|  |  |
| --- | --- |
| *Details of organisation* | *Details of contact person* |
| Name of organisation: | Name: |
| Position in organisation: |
| Address:  Postcode: | Address – if different from organisation:  Postcode: |
| Telephone: | Telephone: |
| e-mail: | e-mail: |
| Website: | Alternative telephone number or mobile: |

**Organisation’s scope**

|  |  |  |
| --- | --- | --- |
| National or Local: | No of paid staff: | No of volunteers: |
| Year established: | Registered charity no:  Company limited by guarantee: | |
| Approximate annual turnover: | | |
| Area of benefit: | | |
| Charitable objectives: | | |
| Objectives of organisation – strategic/business plans: | | |
| Main activities of the organisation: | | |
| Other relevant information: | | |
| What issues would you like Pro Bono OR to tackle? | | |
| How did you find out about Pro Bono OR? | | |

**Evaluation**

|  |
| --- |
| Pro Bono OR is committed to delivering a high standard of service. As part of this proposal The OR Society will seek feedback about our performance, and ask that you both the organisation and the volunteer participate in the evaluation process. Additionally The OR Society would like to be able to use this project as a case study showcasing OR in the Third Sector, and asks for your co-operation in this. |

**Confidentiality**

|  |
| --- |
| The Volunteer(s) agree not to disclose any confidential information not generally available to the public disclosed to them in connection with the project by the Organisation or its staff, volunteers or clients, unless instructed by a competent legal authority to disclose it or unless its disclosure is required under law or unless given prior consent in writing by the Organisation.  If disclosure is required, the volunteer will discuss with the Organisation the necessary minimum level of information needed before making a disclosure.  The Volunteer shall use confidential information solely for the purposes of carrying out this project and for no other purpose.  No licence to use any party’s confidential information is given under this agreement except the rights specifically described above. The volunteer(s) will destroy any confidential information at the end of the project. |

**Conflict of Interest**

|  |
| --- |
| The Volunteer(s) agree not to conduct themselves in such a way that promotes financial gain as a result of this project. The organisation must report any such activity to the Pro Bono OR Project Manager. |

|  |
| --- |
| **I confirm that, on behalf of this organisation, I agree to the following conditions:-**   1. Reimbursement to volunteers of actual expenses incurred. 2. Pro Bono OR to be kept informed of developments regarding this opportunity and cooperation in the evaluation process. 3. The completion of the project proposal document, with the help of the Pro Bono OR volunteer, and the submission of this document to the Pro Bono OR manager within 30 working days. 4. The information sent by The OR Society about a volunteer must not be passed on to another organisation.   Signature:  Name – printed:  Position:  Date:  For (organisation name): |

**Pro Bono O.R. PLACEMENT HEALTH AND SAFETY CHECKLIST**

**Name of Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| **1** | Do you have a written Health and Safety policy? |  |  |
| **2** | **Insurance** |  |  |
|  | **a** - Is Employer and Public Liability Insurance held? |  |  |
|  | **b** - Will your insurances cover any liability incurred by the volunteer as a result of his/her duties with you? |  |  |

**Contact Personnel**

Who is your nominated contact for compliance with the requirements of health and safety legislation?

Name and position:

Tel:

The above statements are true to the best of my knowledge and belief.

Signed:

Position:

Date: