**Grant Panellists’ Code of Conduct & Agreement**

The purpose of this document is to provide panellists with clear guidelines as to their standard of behaviour, responsibilities and best practice in fulfilling their role. It is also to provide the panellists with assurances that [YOUR ORGANISATION] has a duty of care to the panel and I will commit to the details outlined in their role specification.

**Your Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, X**

**1. General Conduct**

1.1 I will follow the Guiding Principles, Policies and Procedures of [YOUR ORGANISATION] in all activities.

1.2 I will inform [YOUR ORGANISATION] of any factors or changes in my circumstances, which may make me unsuitable, or have to step-down, as a panellist.

1.3 I will not behave in any way, physically or verbally, or through any other medium that could be offensive to a staff member, volunteer or those you come in to contact with in your role.

1.4 I will treat all those I encounter in a professional manner and with courtesy.

1.5 I will not bring [YOUR ORGANISATION] or any other affiliated organisation into disrepute.

**2. Confidentiality and Data Protection**

2.1 I will have access to, or be entrusted with, information about [YOUR ORGANISATION], its staff, volunteers, beneficiaries, grantees, or users, which is confidential. I shall not at any time during or after the end of my role as a panellist, disclose to any person, or make use of, such confidential information.

2.2 I will not at any time disclose information that: - is or has been acquired during the course of one’s position that breaches GDPR policy, or that has otherwise been acquired in confidence; - has not been made public by, with other panel members or our authority.

2.3 Should seek guidance from a member of staff in cases of doubt.

**3. Conflict of Interests**

3.1 I will declare any potential conflicts of interests arising from the engagement in volunteering activity with [YOUR ORGANISATION] at the earliest opportunity.

3.2 For further information on Conflict of Interests see [YOUR ORGANISATION]’s Conflict of Interest Policy. This will be provided separately.

**4. Working with others**

4.1 Recognise that the panel role places me in a position of trust regarding everyone in the volunteer and staff network and I will always undertake to uphold that trust.

4.2 I understand that bullying will not be accepted or condoned. All forms of bullying (volunteer, staff, other) will be addressed. I must be aware of cultural or religious views about touching and always be sensitive to issues of discrimination based on gender, age. Disability, gender identity, race, religion or belief.

4.3 I will act as a positive role model for my community.

 4.4 All communications need to be transparent and open to scrutiny.

4.5 I will be conscious that I am a representative of [YOUR ORGANISATION] and will use social media in relation to this role accordingly. I will use social media to share positive messages about our work at [YOUR ORGANISATION] and the organisation as a whole. I understand that openly negative or abusive messages about [YOUR ORGANISATION] or organisations/individuals [YOUR ORGANISATION] works with, will result in disciplinary action against me.

 4.6 The primary concern of [YOUR ORGANISATION] is to safeguard the wellbeing of children, young people and vulnerable adults engaged in our activities. This means we ensure appropriate arrangements to provide a safe and secure environment, and to deal effectively with issues concerned with suspected or reported abuse regarding children, young people and vulnerable adults.

**5. Health and Safety**

5.1 I must not take any action that could threaten the health or safety of myself, staff members, other volunteers or members of the public.

5.2 I will report all accidents and injuries at work, in accordance with the reporting procedures detailed in our Health & Safety Policy.

 **6. Personal Relationships**

6.1 Recognise that where a relationship occurs between a staff member and panel member, it should be declared as soon as possible to a senior member of staff. They will consider whether any action should be taken in relation to a possible conflict of interest.

6.2 [YOUR ORGANISATION] recognises that there may be times when a panel member may have a pre-existing parental/family relationship with a beneficiary of an organisation and asks that it should also be declared to a senior member of staff. They will consider whether any action should be taken in relation to a possible conflict of interest.

**7. Drugs and Alcohol**

7.1 Recognises that the use of drugs and alcohol may impair the safe and efficient running of the activity and/or the health and safety of other panel members, staff members, volunteers or members of the public. [YOUR ORGANISATION], will not allow their performance or conduct to be affected as a result of alcohol or drugs and will deal with situations of this nature appropriately.

**8. Equal Opportunities**

8.1 I will ensure that there is no discrimination on grounds of age, disability, gender reassignment, race (including colour, nationality and ethnic or national origins), religion or belief, sex and/or sexual orientation and marital or civil partnership status. These are known as the protected characteristics.

**9.Duties of The Post**

9.1 The duties of your post are as set out in the job description issued at the time of your application for the post, subject to any variation that is subsequently agreed between you and [YOUR ORGANISATION].

**10. Current Remuneration**

10.1 I will be paid [£ per hour] for the hours that I am present during training sessions and the panel meeting(s).

10.2 You can claim reasonable expenses, such as travel, are required to provide evidence of your expenses and complete a relevant expense form to [YOUR ORGANISATION].

10.3 You will be paid by credit transfer directly into your bank account/building society account. Please speak to [YOUR ORGANISATION] if this might cause any problems.

**11. Absences**

11.1 If you are unable to attend a training session or panel meeting as a result of sickness or injury, you must inform [YOUR ORGANISATION].

11.2 If you are absent owing to illness you will not be entitled to sick pay.

11.3 If you are concerned or having difficulty dealing with stress or mental health whilst in this role, or outside, please talk to a senior member of staff in confidence. If this is directly caused by the role you are doing, then we will find ways to make immediate changes.

**12. Emergency Contact**

12.1 You will be required to provide an emergency contact who should be contacted in the event of an emergency - please refer to the bottom of this document.

12.2 The next of kin of a young person under 18 may be legally entitled to make decisions for or on behalf of the young person.

**13. Grievance Procedure**

13.1 Please speak to a senior member of staff if you have a grievance with another panel member or staff.

**14. Conclusion & Declaration**

14.1 I understand that by accepting a paid voluntary position with [YOUR ORGANISATION] I am agreeing to abide by this Code of Conduct and agree to abide by its terms. Failure to comply could result in my volunteering being subject to review and may result in my role being terminated.

14.2 For full copies of any of the policies and procedures mentioned above please ask a member of the [YOUR ORGANISATION] Team.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X**

|  |
| --- |
| **Bank Details** |
| **Bank Sort Code:** | **X** |
| **Bank Account Number:** | **X** |
| **Bank Name and Address:** | **X** |
| **Postcode:** | **X** |

Benefits & Tax Information

[YOUR ORGANISATION] is unable to provide tax or benefits advice to individuals interested in this opportunity. Individuals will be responsible for their own personal finances and will need to check if they need to pay tax or make changes to their benefits claims.

You will be a paid £15 per hour for any sessions you attend as a panel member. This may affect your benefits or the amount of tax you need to pay. It is your responsibility to make sure you inform the HMRC and your benefits advisor about your income.

Below are places you can go to for specialist advice on this:

1. **Things to consider if you claim benefits**

If you receive benefits, it’s important that you talk to your benefits advisor to check if being paid will affect your claim.

If you require more information about part-time work and benefits, you may wish to visit the following websites:

* <https://www.citizensadvice.org.uk/benefits/>
* <https://www.citizensadvice.org.uk/benefits/universal-credit/on-universal-credit/how-the-minimum-income-floor-works-if-youre-self-employed/>
* <https://www.gov.uk/benefits-calculators>
* <https://www.turn2us.org.uk/>
1. **Things to consider if you are employed (or have been employed at any point since April 2019)**

You’ll need to check if you need to pay taxes on the money you are paid. It may be useful to visit the following websites to find out more:

* <https://www.gov.uk/income-tax-rates>
* <https://www.gov.uk/income-tax>
* <https://www.stepchange.org/debt-info/self-employed-income-calculator.aspx>
1. General Advice

If you need more general advice you may wish to contact the Citizen’s Advice:

You can contact an adviser through their national phone service, Adviceline:

Adviceline: 03444 111 444

Text relay: 03444 111 445

Adviceline’s available 9am to 5pm, Monday to Friday.

**Next of Kin: Emergency Contact Details**

|  |  |
| --- | --- |
|   |   |
| **Your D.O.B**   |   **X** |
| **Home Address**    |   **X** |
| **Next of Kin, name contact details**     |   **X** |
| **Doctor, name, address, phone number**     |   **X** |

**[YOUR ORGANISATION] Photography Consent Form**

There will be photographs and/or videos taken at the training/meeting/event that you are attending. These photos and/or videos will be used to promote the event through social media, [YOUR ORGANISATION]'s website and marketing materials, this may include sharing the images with third parties. We may also use the recording for training purposes.

We will store images safely in-keeping with GDPR laws and destroy images once we no longer need to promote this event. This form gives your consent to use images that contain you for these purposes. If you do not give your consent please inform [YOUR ORGANISATION] in writing in advance of the session.

|  |  |
| --- | --- |
| Event | Panel |
| Name | **X** |
| Date | **X** |
| I give my consent  | **X** |
| Age (If under 18)  | **X** |
| Signed  | **X** |